R.N.

a journal for nurses

- A Guide to Dietetic Aids
- Myocardial Infarction
- Psychiatric Nursing in the Home

MARY FLETCHER HOSPITAL
1882
SCHOOL OF NURSING

July 1954

R.N.

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Contents

July 1954

Vol. 17, No. 7

Keep the beauty of your skin

Lanoline supplements the natural oils of your skin. It provides **protection** against the drying effects of soap and detergents.

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• delicately perfumed • pleasant to use •

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purse size ¼ oz. tubes
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for the nursery 1 lb. jars

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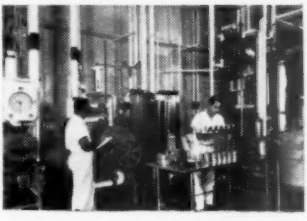

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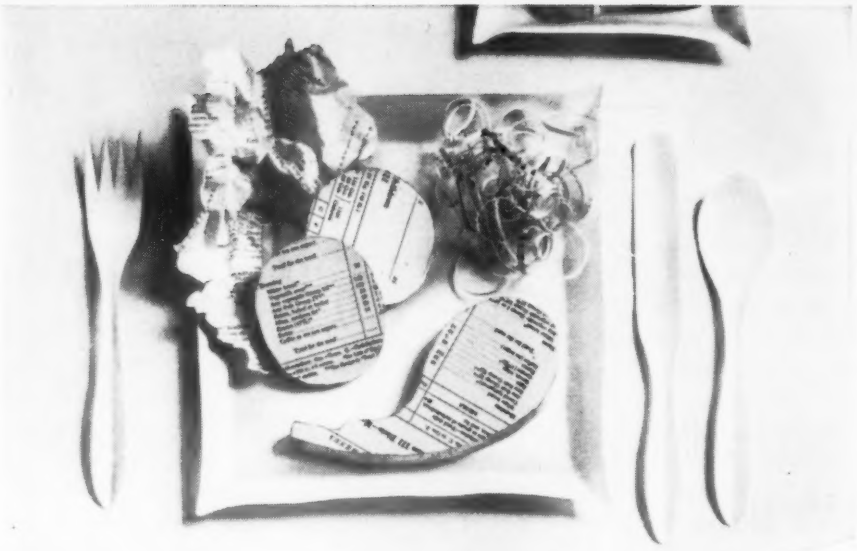

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It's easy to prescribe a diet . . . and it will be just as easy for patients to follow one, if Ac'cent is recommended with the diet.

Ac'cent brings out the *natural* flavors of foods, and patients will find that it makes the most bland food taste-stimulating and palatable. Even in foods that are held for a long period of time, Ac'cent retains the true delicious flavors.

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Debits and Credits

Can't Escape It

Dear Editor:

It is regrettable that you were compelled to find it necessary to use two good pages (which I covet) in your April issue, to justly uphold the value of controversy in our daily lives. To many of us the acceptance of controversy is a platitude, as necessary as the air we breathe.

Those who try to flee from controversy thereby weaken their critical faculties and become or are made unwittingly receptive to totalitarianism of the fascist or communist hue.

Whether they realize it or not, controversy and conflict will follow those who avoid it . . . we are a party to controversy, willy nilly.

JOSEPH R. LEBO
NEW YORK, N.Y.

Geronimo!

Dear Editor:

I really saw red when I read your editorial on controversy [April, 1954]! Who, in the name of all that is grand and great, thinks they are God enough to tell nurses what they shall read?

When you keep a nurse from controversy, you haven't got a nurse, you've just bought yourself a puppet! And one need look no farther for the reason why our membership in national organizations is falling off. I am sticking to the organization myself because I don't want to relinquish it to its present "disciplined" thinkers, and because I believe only those within an organization have a right to criticize it. If those who got out because they felt organization no longer served them had stayed in and put up a fight, they might have liked the organization better.

R.N., TEX.

Compulsory — Yes

Dear Editor:

It seems as though you always hear the age-old complaint that nurses are not supporting their nursing organizations. Nursing has been elevated to a professional status through the efforts of our various professional nursing organizations. Nurses owe much to what their organizations have done for them and what they will continue to do for them in the future.

The problem is, how to get nurses to become members of their professional organizations. The hospitals employing nurses who are eligible for membership in their nursing associations should require that such

nurses possess a membership card showing that they are giving the support and backing that their organizations need.

I will welcome any fair and just criticism of my ideas.

ROSCOE R. ASPLEY, R.N.
FORT RILEY, KAN.

Compulsory—No

Dear Editor:

Our hospital has decided to include in its policies for nursing personnel that every nurse must belong to the ANA or she will be fired. I have always felt that belonging to such an organization was voluntary. Forcing nurses to join the ANA by using the threat of losing their jobs is far from professional, and if nursing is to be a profession, how can we have a "closed shop"?

Another factor is that there are a number of foreign nurses employed by this same hospital, and since they are not registered, they will not be forced to join the ANA.

R.N., ILL.

$ Patient Care

Dear Editor:

Having received several issues of your wonderful journal, I must write and extol its acceptance by one recent graduate. R.N. has given me an insight into the many problems of nursing which I did not have as a student. And reading articles written by nurses who have daily contact with the problems they write about has helped me to solve many situa-

"...and be sure to take your VITAMINS!"

Emotional disorders are notorious enemies of adequate nutrition. Anxiety, anorexia, eccentric diets, vomiting, or diarrhea either may limit vitamin intake or impair absorption. Vitamin supplementation is a positive way to guard against vitamin depletion during periods of stress.

MERCK & CO., INC., RAHWAY, N.J.—as a pioneer manufacturer of Vitamins—serves the Medical Profession through the Pharmaceutical Industry.

tions I meet daily before they develop into problems.

I'd like to contribute my own experience toward solving one problem which other nurses may have encountered. In our hospital we accept both private and welfare cases, and sometimes the welfare cases feel bitter because they think they are not receiving the same care as the paying patients. At other times, private cases have said they received less care than the welfare cases on the same floor. On my own shift, we have found that such griping can be cut down considerably by spending a little extra time with both types of patients, talking to them and letting them talk to us. Actually, all we're doing is giving them the TLC they would receive from their own families. A little extra attention, a minute's halt in the day's rush to give a friendly smile or an offer of a listening ear has really cut down on patient grumbling.

ALICE M. GRIGSBY, R.N.
CHICAGO, ILL.

Silence Can Speak

Dear Editor:

So often, as nurses, we assume that because we have not uttered a word our feelings are not known. Equally often, however, patients and their families can read our reactions and feelings as they are expressed in our facial expressions as if our faces were tape recorders.

I remember the mother of a Mongolian idiot, who told me how her readiness to hate me changed to

Nothing to Hide but PSORIASIS

RIASOL has made many an embarrassed woman proud to wear a revealing bathing suit. By clearing the ugly patches of psoriasis, it leaves a normal healthy skin for admiring eyes.

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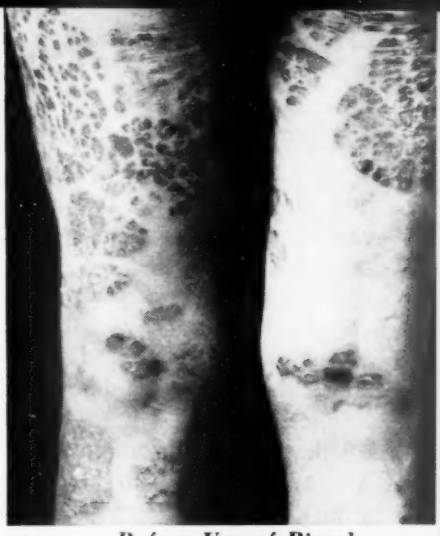
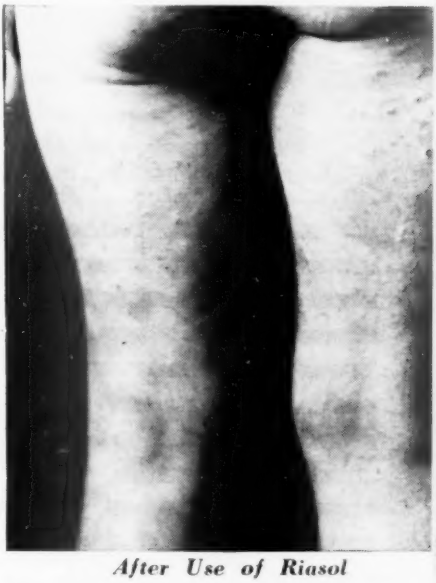
Ethically promoted RIASOL is supplied in 4 and 8 fld. oz. bottles at pharmacies or direct.



Before Use of Riasol



After Use of Riasol

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RN 7-54

Please send me professional literature and generous clinical package of RIASOL.

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Street .....

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RIASOL FOR PSORIASIS

liking when my face did not show the disgust she imagined other nurses had shown upon seeing her child. I remember, too, a fifteen-year-old girl, who had contracted gonorrhea, asking me, "Why do the other nurses make me feel so dirty?" I tried to convince her they only wanted to make her regret her past actions, but I don't think she was convinced.

Perhaps the saddest giveaway of all is when we let our faces reveal to the family of a patient the very thing that we're trying to conceal —that the patient has taken a turn for the worse. When a patient is doing well, we discuss his condition freely with the family. Our gloom and silence on a bad day then become twice as apparent. Bad news given in large doses, either by words or expressions, is hard to take—by our kindness and understanding we can certainly soften the blow.

INA SHERIFF, R.N.
TULSA, OKLA.

A New Emphasis

Dear Editor:

I have been an officer in our district association this past year and have enjoyed the work connected with the office, but after each meeting I come home discouraged and heartsick, vowing I will not go to another meeting.

My work is very much alone, so I do not hear the daily gripes of institutional nurses. Perhaps that's one reason it's such a letdown to get

SERVE HUMANITY ☆ SERVE YOUR COUNTRY ☆ SERVE YOURSELF

Your Career... more complete as an ARMY NURSE

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R546

The Surgeon General—United States Army
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Attention: Personnel Division

Please send me further information on my opportunities as a registered nurse in the United States Army.

Name .....

Address .....

City ..... **State** .....

with a group of nurses and hear the jealousy, malicious gossip, even racial prejudice, they express—things, it seems to me, nurses should be above. A new attitude seems to have replaced the spirit of the nurse who went into the profession to serve.

I'm beginning to think we need a whole new emphasis on the great importance of our profession and of our daily living as nurses—on the need for unselfish, thoughtful, kindly service, no matter how menial. A degree is not the important thing in making a good nurse, only her deep concern for others and her spiritual qualifications along with her training will make her the kind of nurse you or I would want to have caring for our loved ones.

R.N., VT.

Not Doomed Yet

Dear Editor:

It is deeply saddening to those of us in the practical nurse field to meet with sentiments like those expressed so often today by many registered nurses.

When speaking of practical nurses, I think it is important to keep in mind the fact that the average R.N. goes into training directly from high school, and a three-year course, at least, is essential considering her youth. The practical nurse, who receives one year's training, is generally considerably older—a mature woman who is realizing an ambition which experience has developed into a strong desire to aid the suffering.

T. A., BRIDGEPORT, CONN.

Break Menu Monotony without breaking rules—use JELL-O'S

LOW-CALORIE D-ZERTA

...the sweet dessert that's sugar-free!

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Amphyl's activity is practically unimpaired by pus, mucus, body exudates; e.g., dried tubercular sputum is rendered free of viable organisms within 10 minutes in a ½% solution, in 2 minutes with a 1% solution.

RESIDUAL GERMICIDAL ACTIVITY PERSISTS FOR 7 DAYS

Surfaces disinfected by Amphyl retain antimicrobic activity and prevent establishment of secondary reservoirs of infection. Amphyl demonstrates "best all-around performance" when compared with lasting qualities of other type disinfectants.[1]

SPREADS READILY AND PENETRATES

Amphyl's low surface tension allows intensive "depth action" for more efficient surface disinfection, sterilization of equipment, wound antisepsis, etc.

ODORLESS, NON-INJURIOUS

Even when undiluted, Amphyl is non-toxic, non-corrosive, and non-irritating. Does not stain.

GOES FURTHER PHYSICALLY AND FINANCIALLY, TOO

One and a half gallons of Amphyl concentrate disinfects 200,000 square feet of surface in the recommended 1:200 aqueous dilution. Takes minimum storage space due to high concentration (phenol coefficient 10).

Amphyl *for maximum efficiency and economy in disinfection*

1. Klarmann, E. G., Wright, E. S., and Shternov, V. A.: Prolongation of the Antibacterial Potential of Disinfected Surfaces. Applied Microbiology 1:19, 1953.

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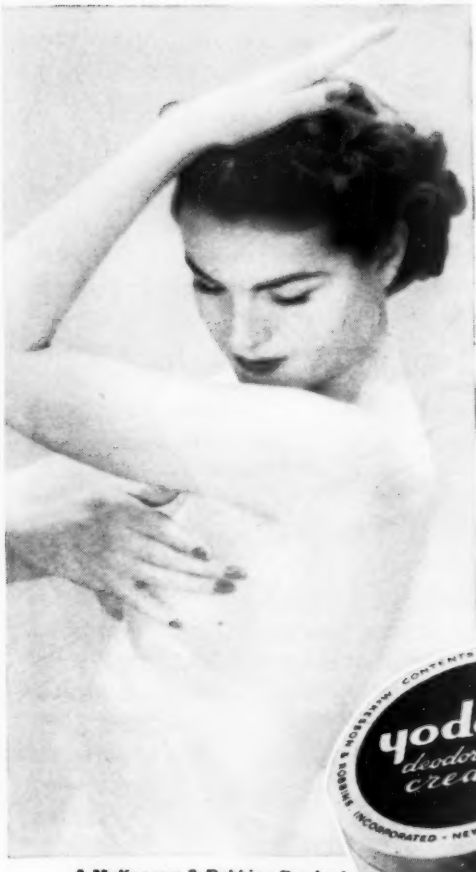
No other deodorant now asks women to Shave First!



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YODORA SO "KIND" TO SENSITIVE SKIN
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Johnson's Baby Powder

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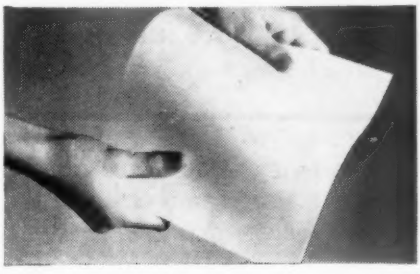
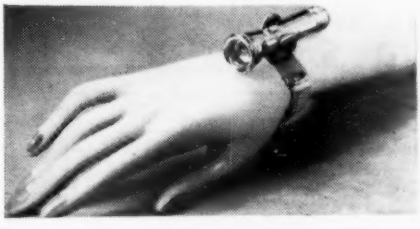
Waste, mess, or "plugging up" encountered in the use of lubricating jellies is avoided by Surgel Liquid, a water-soluble lubricator for instruments. Easily wiped off and leaving no stain, Surgel is available in a compressible polyethylene container with a special tip that dispenses the required amount. For further information, write: The Ulmer Pharmacal Co., Dept. O, Minneapolis 3, Minn.➔



➔A new plastic fluoroscopic viewing screen that can be cleaned has been placed on the market by its manufacturer, the Du Pont Company of Wilmington, Del. First developed by Du Pont to meet the needs of the Armed Forces, the screen, called the Du Pont "Patterson" Type CB-2, is said not to be adversely affected by humidity and fungus growth. Also, the CB-2 provides the same image brilliance as the non-cleanable Du Pont Type B-2 fluoroscopic screen, which it replaces.

With a handy Mizur Wrist-Lite clamped to wrist or arm, nurses can have light whenever they need it as well as have both hands free to work. Wrist-Lite, which swivels in any direction, is available in two sizes—large and small. The price is $2.95, or $3.95 with Stainless Steel Expansion Band and Identification Plate. It is made by the Midwest Surgical Manufacturing Co., Omaha 4, Nebraska.➔



➔Operating room nurses and others who require an easy-to-handle, cover-all cap will welcome the "J" Cap for Nurses, a product of Johnson & Johnson, New Brunswick, N.J. Made of a light-weight "sanforized" muslin, the cap has a heat-resistant elastic band which gives flexibility and allows one size to enclose a short bob or a long hair-do. The caps are available at surgical supply houses, or they may be ordered through a Johnson & Johnson sales representative.

Upjohn

diarrhea ...

Each fluidounce contains:

Kaolin ..... **90 grs.**
Pectin ..... **2 grs.**
in an aromatized and carminative vehicle

Available in bottles of 10 oz. and 1 gallon

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Kaopectate

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Professional Equality for the Negro Nurse

■ ONE HUNDRED YEARS of moral, social, and legal struggle were climaxed on May 17, 1954, when nine U.S. Supreme Court Justices unanimously declared segregation in public education unconstitutional. Since 1896, succeeding high court Justices have upheld the legality of the "separate but equal" doctrine seven times, but this recent interpretation, "that separate educational facilities are inherently unequal," places the Constitution of the United States unequivocally on the side of equality, and removes the strongest prop to the present bi-racial educational system.

Twenty-one states and more than 10 million school children will be affected ultimately by this body blow to racial intolerance. But what are the immediate implications for the nursing profession in this historical ruling?

Through the American Nurses Association, nursing has been in the *avant garde* among all professions in breaking the pattern of segregation when it has prevented active membership and participation of Negro nurses in their professional association. But, nursing has been repeatedly blocked when faced with the overwhelming evidence of inferior educational preparation of our southern Negro nurses—products of segregated schools. Inferior quality of preparation from preliminary education through inadequately supported segregated nursing schools has not produced Negro nurses who can compete scholastically, economically, or emotionally on a par with more fortunate northern nurses.

The success of the ANA's Intergroup Relations Program has been just short of phenomenal in removing barriers that prevent professional participation of nurses belonging to minority racial groups, but that section of the ANA platform calling for the removal of barriers to full employment of these nurses strikes at the heart of the profession's dilemma.

The majority of Negro nurses do not have equal job opportuni-

ties. Many Negro nurses cannot be professionally upgraded, therefore, cannot be employed on an equal basis with white nurses, nor are they qualified to receive comparable salaries. Their education, though "separate," has not been "equal" to that of white nurses, or to that of Negro nurses prepared in non-segregated schools.

The Supreme Court has, at long last, re-inforced the American ideal of equality. The carrying out of "desegregation" in public schools will not and cannot be accomplished immediately. Established tradition and ingrained prejudices cannot be swept away overnight by legal interpretations and pressure groups. And neither can the man-made handicaps of an induced feeling of inferiority and an inadequate educational background be overcome in a single generation.

Dr. Otto Klineberg of Columbia University has shown, through his studies, that when a southern Negro child attends a northern unsegregated public school on an equal basis, he does better scholastically than he formerly did. This strikes an optimistic note for the salvation of some of the 40 per cent of the nation's children in public schools in segregated areas today and tomorrow.

In education, at least, the walls of segregation will fast crumble for at last the conscience of this country has been pricked deep enough for its voice to be heard above the cries of the racial traditionalists and politicians.

If ever American citizens could be proud of their federal judicial system it is now. And if ever American nurses could feel pride in their professional association, they can be proud of its efforts to make racial integration a major part of its adopted platform since 1946. What could be a more fitting celebration on the 75th anniversary of Mary P. Mahoney's graduation—the first graduate Negro nurse in the U.S.?

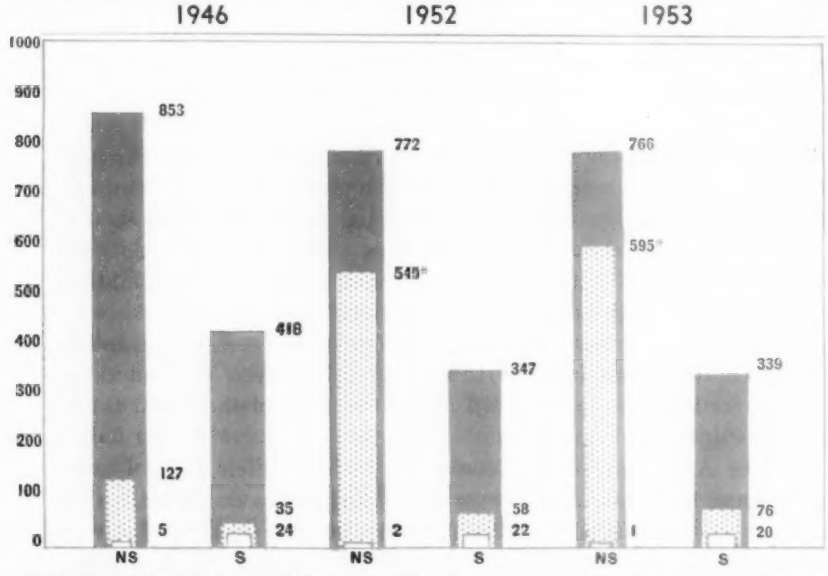
—Alice R. Clarke, Editor

Graphic Evidence of the Trend toward Desegregation in Schools of Nursing

According to the *1950 Census of Population*, nearly 11 per cent of our female population was nonwhite (Negro, Chinese, Japanese, etc.) while only 3.5 per cent of employed graduate nurses were nonwhite—an indication that this population group contains a number of potential nurses. *Facts About Nursing, 1952*, reports that in 1951, for example, out of 41,667 students admitted to schools of nursing in the U.S. only 1,350 were Negroes, and this low figure (only 3.2 per cent of total student admissions) represented an increase of 12.5 per cent over the 1950 Negro admissions.

The following graph shows the gradual increase in schools of nursing in the U.S. which accept Negro students, and the accompanying decrease in segregated schools. As a better preliminary education should qualify more young Negro students for admission to nursing schools, the number of Negro nurses could increase markedly—with benefits to both the profession and the public.

(Figures were obtained from "State-Accredited Schools of Nursing, National League of Nursing Education, 1946," and Committee on Careers' "Schools of Nursing in the United States—1952" and June, 1953 supplement to this list.)



NS Sixteen states which prohibit segregation by law plus eleven having no specific legislation

S Seventeen states (plus District of Columbia) requiring segregation plus four which permit local option

* Includes all schools in Mass., N.J., and N.Y., which have fair educational practices acts barring discrimination in educational institutions.

All state-accredited schools in states

Schools in this group which accept Negro students

Schools in this group which are for Negroes only

Elfey

by Frances Gibson

■ LAST YEAR Dr. Dwaine Laney was the principle speaker at our homecoming banquet. Only a very special occasion would have sufficed for Dr. Laney to come back to speak and this was a very special occasion; it was the seventy-fifth anniversary of the founding of our hospital. Dr. Laney is sort of a big wheel in medicine. He is professor of medicine at THE outstanding medical school and a very famous man. You can hardly pick up a medical journal without finding some mention of him, or his books, or his outstanding contributions in research. Needless to say, we are proud of our Dr. Laney, who interned and was a resident at our hospital some fifteen years ago.

Fifteen years is a long or a short time depending on how you look at it, and Dr. Laney found things changed when he returned. There were the two new wings, the education building, and all sorts of innovations and improvements.

"It's very different," he remarked as he went through the hospital, "all new faces. Wonderful progress, though, but I do miss the old faces. By the way, is Miss Elfey still here?"

"Still here," the Chief of Staff smiled, "and still on 3-D."

"I'd like to see her," said Dr. Laney, "I have never forgotten that she and I once carried on a feud that would rival that of the Martins and the 'Coys."

Miss Elfey is an institution at our hospital. No one knows how long she has been supervisor on 3-D, but as far back as anyone of us can remember, Miss Elfey has been watching over the patients on her floor with all the solicitude of a mother hen with a brood of chicks. There was never any need for special nurses on 3-D. Miss Elfey's patients got special nursing care. She knew everything about her patients, both medical and personal, and she was always aware of everything that happened on her floor. Student nurses vowed she had eyes in the back of her head as well as supernatural hearing.

"Drop a cottonball and Elfey'll hear it," they'd laugh. Miss Elfey had very definite ideas about nursing. Nurses on her floor *nursed*, and students, while they might go off duty weary and worn, nevertheless went off feeling as if they had really accomplished something.

"We aren't training doctorettes,"

"Zeke & Dessie"

she'd say, "we are training nurses. Nursing is an ancient and honorable profession, older, perhaps, than medicine. What good will it do you to know the signs and symptoms of appendicitis if you are unable to make a postoperative patient comfortable? What good will it do you to be able to discuss psychosomatic medicine if you can't make a decent bed?"

There was never, of course, any answer to this.

"Do you know that Dr. Beecher at Harvard wrote not long ago that no single concept or event in the history of medicine, and that includes anesthesia, surgery, and chemotherapy, mind you, has exceeded nursing in the relief of human suffering?"

No answer was given or expected for this either.

Miss Elfey was herself a superlative nurse. She never asked anyone to do anything she couldn't do herself. Despite her age, she would show you how to flip a mattress with a minimum of effort. And if your bed-making was not up to par, never fear, it soon would be. Miss Elfey, without any comment, would stonily pull the sheets loose around your poorly made bed and remake it. When she had finished, the bed

looked as if it were to be photographed for use in a nursing text. It became a matter of pride for your beds to look that way, too.

You didn't give p.r.n. medications indiscriminately on Elfey's floor, either.

"Never give a p.r.n. narcotic or sedative until you have tried to make the patient comfortable without it," she'd say. "Always remember that it is nursing at its best when you can sponge a patient, rub his back, and arrange his pillows so that he goes to sleep without any medication."

And she would then proceed to show us how. I have never seen any one who was more successful at this than she. She would make the sheets as smooth as porcelain, massage the patient's back, arrange pillows in a way she knew, and the patient in-

variably dropped off to sleep before Miss Elfey got around to straightening the top covers. It was nothing short of miraculous.

No one ever contradicted Miss Elfey. She was a law unto herself. Staff men who remembered her from their medical school days often asked her advice, and what is more, they usually took it. Nurses considered her the last word on nursing procedures, and when Miss Elfey called an intern, no nonsense, he came.

The greatest problem Miss Elfey had, however, was with interns.

Those who came to us as medical students knew her and had no trouble. They liked her for they knew they could count on her 100 per cent as long as they did their work. But when an intern came from another medical school, there was often trouble. Not knowing Miss Elfey and her autocratic ways, a new intern was totally unprepared for her. The proverbial chip on the shoulder appeared in less time than it takes to say hypodermoclysis. This was most irritating to Miss Elfey.

"There is no one," she would say to anyone in particular and usually in hearing of the new intern, "absolutely no one, who knows half as much as an intern fresh out of medical school."

If you were tactless enough to smile, Miss Elfey, like Queen Victoria, was not amused.

"I have been running this floor for a great many years," she would go on sorrowfully, "and I've had few complaints. Yet every time we get a new intern we are expected to change not only this floor but the entire [*Continued on page* 80]

A GUIDE TO DIETETIC AIDS

by Frances Elder

■ ALICE IN WONDERLAND could become a giantess or a pygmy merely by taking alternate bites of cake. Unfortunately, we can't accommodate our size as easily, but we can with judicious eating—and a considerable amount of self-control—keep our weight within normal bounds.

As a matter of fact, self-control is a vital ingredient of all diets, whether they be low-caloric, low-sodium, or diabetic. That is why doctors and dietitians try to make dieting as easy and agreeable as possible. They know, all too well, that diets, like some promises, are more often broken than kept.

It's understandable, then, that anything designed to help one stay on the dietary wagon will be welcomed by diet prescribers as well as by the dieters themselves. This is borne out by the present popularity of those important dietary aids, the dietetic foods.

Among the top items in food specialties, dietetic products are now being featured in stores ranging from small delicatessens to large supermarkets. Their expanding distribu-

tion is ample proof that food processors are catering to a demand for ready-to-eat foods that can be used in restricted diets.

The exact number of consumer-dieters isn't known, but it has been estimated that 35 million people in the U.S. may be on low-calorie, or salt- and sugar-free diets. With about 160 million in the total national population, this represents a sizeable market for the processors.

It should be noted that dietetic foods do not generally include the so-called faddist foods for those on dietary regimes outside of medical supervision. In fact, advertising and descriptive literature of reputable dietetic food companies often state that their products should be included only in diets prescribed by physicians. In other words, dietetic foods are developed to meet legitimate medical needs, and they always carry on their labels the calculated food value of the contents.

With the current emphasis on diets, food processors are attempting to make their products as appetizing and as nearly like the non-dietary food items as possible. To accomplish this, they employ and consult nutrition experts and perform considerable laboratory testing and tasting before the foods are ready for sale and consumption.

Whether or not the processors succeed in their efforts seems to be a matter of individual judgment. A product may taste "delicious" to some persons and "disappointing" to others, depending on the degree of taste sensitivity or the extent of diet restriction. Usually, severely restricted dieters are so anxious to taste forbidden foods that even a rough approximation is appreciated. Also, in the case of young dieters, low-caloric substitutes—especially sweet ones—may be welcomed as a means of making children feel less conspicuous among their lollipop-eating companions.

Low-calorie substitutes for foods of high caloric value are becoming more and more popular, probably as a result of the wide publicity on the dangers of obesity. The successful sale of low-caloric soft drinks is only one example of the public attitude toward excess adipose tissue, and the dieter who wants to diminish his girth can generally find numerous dietary aids of this type on the shelves of his nearest grocery store or delicatessen.

One of the most important aids for dieters in the overweight or diabetic groups is saccharin, a non-nutritious sweetener about 500 times sweeter than sugar. Another sweetener, developed fairly recently, is Sucaryl or sodium cyclamate which is said to have no disagreeable aftertaste when used in ordinary amounts. Sucaryl has the advantage of chemical stability which allows it to be used in baking, boiling, steaming, and freezing foods. The sweetening power of one Sucaryl tablet or one-eighth teaspoon of the solution is equivalent to one level teaspoon of sugar. For those on low-salt diets, the calcium form of Sucaryl is available. Recently, a new form, Sucaryl calcium sweetening powder, has

been introduced for sprinkling on cereals and fruits.

As an example of how Sucaryl can replace sugar with a saving of calories, we quote a recipe from a pamphlet issued by Abbott Laboratories, the makers of Sucaryl.[1] This recipe for vanilla ice cream makes six servings. Prepared with Sucaryl, there are approximately 50 calories in each serving; however, if prepared with sugar, there would be 110 calories in each serving.

1½ cups skim milk
1 tablespoon Sucaryl Solution or 24 tablets
2 eggs, separated
1 teaspoon unflavored gelatine
2 teaspoons vanilla
Few grains salt

Mix Sucaryl with ¾ cup skim milk; scald; pour over beaten egg yolks. Sprinkle gelatine over remaining milk; combine with hot milk mixture; stir until dissolved. Cool. Add vanilla and salt. Pour into freezing tray; freeze firm. Remove from tray to chilled bowl. Break up with wooden spoon. Beat with electric mixer, or rotary egg beater, until free from lumps, but crumbly. Fold in stiffly beaten egg whites. Return to tray; freeze firm.

In diabetic, or for that matter, in low-caloric diets, rennet desserts made with rennet tablets (not sweetened or flavored) are particularly useful. The following basic recipe for Vanilla Rennet Desserts is provided by "Junket" Brand Foods.[2]

1 "Junket" Rennet Tablet
1 tablespoon cold water
2 cups whole or skim milk (not canned)
3 tablespoons sugar
or
3 (½ grain) saccharin tablets
or
6 (⅛ gm.) Sucaryl tablets
1½ teaspoons vanilla

Set out 4 or 5 dessert glasses. Dissolve rennet tablet by crushing in cold water. Add sugar (or saccharin or Sucaryl tablets dissolved in a table-

spoon of cold milk) and vanilla to milk. Warm slowly until lukewarm, stirring constantly. Test a drop on inside of wrist frequently. When comfortably warm (110° F.), not hot, remove at once from heat. Stir in dissolved rennet tablet quickly for a few seconds only. Pour at once, while still liquid, into dessert glasses. Do not disturb for about 10 minutes while milk sets. Then chill.

Many dietetic food companies use Sucaryl or saccharin, or the two

in combination, to sweeten their canned fruits, or other ready-to-eat preparations that may require sweetness. Sorbitol, a sugar alcohol that is very slowly converted to glucose, may also be included, although its use is controversial. Other processors offer fruits that are either packed in water without added sugar or saccharin or packed in the natural juices.

One problem, that of capturing the true flavor and texture of ice cream for the diabetic, has proved to be a troublesome task for researchers. A promising formula including sorbitol and Lolac, a new milk powder—high in protein and low in lactose—has been developed and distributed in California. However, at present, an ice cream of this type could not be sold in many states because of specific legislation forbidding the use of artificial sweetening agents in ice cream.

The attitude of the Council on Foods and Nutrition of the American Medical Association toward the inclusion of artificial sweetening agents changed last year. After a special meeting in April, 1953, at which time food processors presented their views to the Council and a group of consultants, it was decided to include within the Council's program, "artificially sweetened canned fruits and certain other artificially sweetened foods." The Council pointed out, however, that it would not consider a product merely because it happened to contain an artificial sweetener instead of sugar; in other words, the product would have to have "nutritional merit" and "be

useful." To date, the Council sees no reason for the incorporation of sorbitol and mannitol (a substance similar to sorbitol) in calorie-restricted and carbohydrate-restricted diets. It also warns against the indiscriminate use of artificially sweetened foods since these are intended only for special diets.

Recently the Food and Nutrition Board of the National Research Council appointed a committee to consider the principles that should govern the use of artificial sweeteners in foods designed for special dietary purposes. The request for the formation of this type of committee was instituted by the Food and Drug Administration.

Despite words of warning, and the advice of reputable food processors who state that the average person should not attempt to regulate his own caloric intake without knowing his own special requirements, there's no doubt that a large group of people formulate their own diets, especially reducing diets.

As a result of this "amateur" dieting, pamphlets issued by dietetic food companies often serve a useful purpose by virtue of their educational content. Among the advertising brochures are many that stress the nutritional facts of life. And practically all include helpful menus or recipes designed for low-caloric, diabetic, or low-sodium diets.

Fairly typical of the dietetic food companies which supply educational literature of this type is the Chicago Dietetic Supply House. Accompanying its list of Cellu products, which comprises such varied items as waffle mix, muffin flour, fruit spreads, salad dressings, non-nutritive carbonated beverages, cough drops and lollipops, are tips on diabetic diets, a table of food values, and other diet data, including a number of appetizing recipes.[3]

Another company offering helpful dietary hints is Tasti-Diet Foods, Inc. In its booklet, "The Tillie Lewis 21-Day Tasti-Diet Plan," are several recipes for low-calorie diets.[4] Among its suggested salads—vital items in reducing diets—are several that might appeal to unrestricted dieters. Here is one:

Tomato Aspic
Filled with Tuna Salad

- 1 6-ounce can Tasti-Diet Tomato Paste with 4 paste cans water
- 4 envelopes Tasti-Diet Lemon Gelatin
- 2 tablespoons raw onion, grated
- 3 tablespoons wine vinegar
- ½ teaspoon celery salt
- ⅛ teaspoon black pepper
- 3 teaspoons salt

Heat about 2 cups of the paste-water mixture to boiling. Add the 4 envelopes of lemon gelatin to boiling liquid; stir until dissolved. Add the remaining ingredients, including the cold tomato paste-water mixture. Pour into 1 quart ring-mold. Chill until firm, preferably overnight. Unmold (dip mold in hot water for just a very few seconds) on crisp salad greens. Fill center with tuna salad; serve with Tasti-Diet whipped dressing. (8 servings; total calories in aspic—344;

calories per serving—43)

Tuna Salad

1 7-ounce can tuna, dietetic (packed in water)
1 cup celery, sliced
4 stuffed olives, sliced
2 eggs, sliced, hard-cooked
1 dill pickle, large, sliced
¼ cup Tasti-Diet Whipped Dressing
1 tablespoon lemon juice

Toss all ingredients together except the dressing and lemon juice. Fill aspic ring with tuna salad. Pour dressing over tuna salad. Garnish with parsley and sliced olives. (8 servings; total calories— 536; calories per serving—67. One serving of Tomato Aspic with Tuna Salad—110 calories.)

Another appetizing salad is featured by the Pratt-Low Preserving Co., which puts out Diet-Sweet canned fruits and Dietetic Pack fruits and vegetables.[5]

Fruit and Cottage Cheese Salad

1 pint carton cottage cheese (not creamed)
1 8-ounce can Pratt-Low Diet-Sweet Sliced Peaches
1 8-ounce can Pratt-Low Dietetic Pack Pineapple Tidbits
1 banana

Drain canned fruit and save some of the liquid for dressing. Arrange mound of cottage cheese on bed of lettuce. Surround with sliced peaches, alternating with pineapple tidbits and sliced bananas. Dilute some of the liquid from Diet-Sweet peaches with orange, or

Probie

"Shhh—he may have been an unwanted child."

other fruit juice, for dressing, if desired. Serves 4.

The same company also suggests California Dressing for salads:

¼ cup lemon juice
2 tablespoons California sherry wine
1 teaspoon liquid no-calorie sweetener
⅛ teaspoon salt

Mix ingredients in jar with tight top. Shake well before serving.

Since gelatin preparations are useful items in reducing diets, dieters may be interested in studying the "Knox Gelatine Recipe Book (Eat and Reduce Plan)."[6] This pamphlet not only contains menus and a variety of suggestions for low-calorie dieting, but also features a number of recipes for soups, salads, main courses, and desserts that will increase the protein intake. Knox recommends its Gelatine preparations and the Knox Protein drink in its reducing regime, as well as in low-salt, diabetic, and other diets. The special drink is prepared by incorporating Knox Unflavored Gelatine in a glass of fruit juice or water,

Another gelatine preparation, D-Zerta, a product of General Foods, the makers of Jell-O, is specifically designed for diabetic or low-caloric diets.[7] This sugar-free, flavored gelatin can be used to make jellied fruit or vegetable salads, entrée salads, punches, or desserts. A sample recipe, that should be especially appealing in hot weather, is:

Jellied Melon Balls

1 envelope (7 grams) Lime D-Zerta
Dash of salt
1 cup hot water
1/3 cup melon balls

Dissolve D-Zerta and salt in hot water. Chill until slightly thickened. Then fold in melon balls—8 to 10 medium-sized balls. Divide evenly into 2 molds. Chill until firm. Serve as dessert or salad. Makes 2 servings, about ½ cup each.

As might be expected, dairies are also playing an important role in weight-reduction with emphasis placed on buttermilk, non-fat milk, cottage cheese, and other specialties such as yogurt. Many recipes that can be incorporated in a reducing diet are found in a recipe book of the Knudsen Creamery Co.[8] This company has also developed a product called Hoop Cheese, a diet cheese that is non-fat and unsalted. The cheese has a sodium content of not more than 50 milligrams per 100 grams, and bears the Seal of Approval for low-sodium diets of the Los Angeles County Heart Association.

Many of the dietetic food companies which cater to persons on sugar-restricted diets also specialize in foods for those on low-sodium diets. Since salt is ruled out of these diets because of its high sodium content, the patient either has to get used to flavorless foods, buy some of the dietetic foods that have been prepared especially for his needs, or use his ingenuity in preparing his own food.

Fortunately, salt is not the only seasoning available; tasteless foods can be flavored with an unusually large number [*Continued on page* 59]

CANDID COMMENTS: *What makes human relations?*

■ THE WOODS are full of programs, workshops, and conferences on human relations. The published reports of hospital association conventions show an accelerating interest in how to develop good will among employes. Medical and hospital journals report efforts directed toward better relationships between medical staffs and hospital trustees and administration. Courses galore are offered in universities and colleges for people in all groups, and books and articles on human relations are multiplying like rabbits.

Janet M. Geister

It is good that these events are occurring. They are signs of a new maturity in us, a new awareness of the value of the individual. Machines do not make a factory, and chromium and fine instruments do not make a hospital or health center. It is the people who work in these places and use the machines and instruments who make up the institutions. In its 1954 program announcement, The National Health Forum stated, "Every health effort, whether made by a voluntary or government agency, is dependent upon the competence and dedication of personnel."

There is no more important subject for us than that of human relations. In a world that is tense over the strained relations between nations, certainly world neighbors must learn better ways of getting along together than by bombs and guns. In a world where mass production and the complexities of living have separated employer and employe, we have to find a better way than force to generate the good will that is essential to progress and peace. Force, either by guns or by law, is wholly inadequate.

In our health world, where shortages in personnel, especially nurses, are chronic, the effort now is not only toward a more effective use of personnel, but toward more personnel. Get us more nurses, more aides, more hands and feet, more people to rush about with trays, tubes, and needles. But it is beginning to dawn on us that simply adding numbers is not the answer by itself. Indeed, there are many reasons for thinking that this move has brought more troubles than solutions.

It is also beginning to dawn on us that "the more effective use of personnel" means more than measuring off work areas, better pay, better supervision, and better protections in the life of the nurse. These factors, important as they are, are not yet enough to establish the high morale that brings out the nurse's best. The nurse must give herself

as well as her services—her ideas, her enthusiasms, her loyalties. That is why the growing attention on human relations holds for us both hope and promise.

The trend today is to establish sound human relations not only on material gains such as better pay and shorter hours, but on the interchange of ideas through workshops, conferences, and group dynamics as well. That is all to the good, but we must have a care that we do not become so charmed by the techniques of these sessions that we forget what we really came for.

Techniques have a place in the trading of ideas. Their purposes are to break down barriers between people, and to keep the discussion to the point. They supply the discipline that gives the least articulate members a break, and keeps the voluble ones to time limits.

But the most elaborate techniques that can be devised cannot by themselves get to the heart of our problems. Calling each other by first names does not change the essential attitudes of people—a deeper, more spiritual force is needed. We are barely on the doorstep of even comprehending the breadth and depth of what constitutes good human relations. But there is one principle that is basic to the success of any effort to improve these relationships. That principle is respect for each other—a respect that recognizes the individual's innate dignity, his right to hold and express opinions, his right to be a *person*.

The old New England town meet-

Science Shorts

Fish, too, may have cancer, and scientists studying marine life at the Lerner Laboratory, Bimini, the Bahamas, have found clues which may prove of major significance in cancer research. One discovery is that cancer can be produced in a certain type of fish if it is deprived of all light.

■

Plants made radioactive through exposure to radioactive carbon dioxide are growing in an "atomic garden" at the University of Chicago. By means of a Geiger counter scientists can trace the pathways in the body of drugs made from these plants.

■

Speedy repair of torn arteries saved large numbers of soldiers from leg amputations in the Korean war, it was reported at a meeting of the American Academy of Orthopedic Surgeons. The availability of blood vessel grafts from soldiers fallen in battle contributed greatly to this decrease in the need for amputation.

■

Doctors Carl J. Heifetz, Frank O. Richards, and Montague S. Lawrence of St. Louis, report in* Archives of Surgery *that healing of surgical wounds may occur in certain cases although no postoperative dressings are applied.

■

Vaccinations against chronic sinusitis are effective for some few persons, Dr. Hugh M. Kinghorn, Dr. George E. Wilson, and Morris Dworski write in *Archives of Otolaryngology*. The vaccine is prepared from bacteria found in the sinuses. Each patient is given a test injection to determine sensitivity. Only those who react positively are likely to benefit from the vaccine.

A campaign against yaws, started in 1950 and conducted by the Indonesian government, WHO, and the United Nations Children's Fund, has added 2.5 billion man-hours yearly to the productivity potential of Indonesia. Persons with yaws were given penicillin at the average cost of $1 per cure.

■

American families spent $1.5 billion for prescriptions and medicines in the year ending June 30, 1953; this was 15 per cent of the total expenditures for personal health services and goods, a Health Information Foundation survey reveals.

■

A new plastic filling material—Polystan Plombe—has been devised for partial lung collapse in the treatment of pulmonary tuberculosis. This new material can be cut and molded to shape, is unaffected by body fluids, causes no foreign body reactions, and permits blood vessels and connective tissue to grow into it.

■

The U.S. death rate for 1953 remained at the low rate of 9.6 per thousand despite a relatively severe influenza outbreak in January and February, a preliminary estimate released by the USPHS reveals.

■

At the October meeting of the National Gastroenterological Society, it was reported that cabbage juice concentrate, a rich source of vitamin U, relieved pain in sixty of one hundred peptic ulcer patients by the fifth day of treatment; by the end of the week, ninety felt relief. Vitamin U is chemically undefined and has not yet been isolated.

ings followed no formal techniques, but they got results. The townsmen respected each other to the point where differences of opinion could be merged into a common purpose. This kind of respect is as essential today as it was then, but nothing is harder to achieve. It is comparatively easy for most of us to open our purses for someone in need of material help. It is sheer drudgery to open our minds, however, to help someone in need of our understanding and respect. All of us like to think we are "broad-minded," yet we cling so tenaciously to our prejudices, fixed ideas, and to our own sense of infallibility, that we tend to brush off the individual who is markedly different from us.

In nursing, we have a particularly hard job in this respect. The military system of the past left deep ruts in our thinking and attitudes. We know the words of democracy, but how many can stay on key when we try the tune? Years ago, at a League of Nursing meeting, Ordway Tead was vigorously applauded for his address on respect for the personalities of all our workers. As we left the hall, my companion, a wise veteran in nursing administration, murmured, "Yes, we blister our hands here applauding the principles of democracy. Now we'll go home and continue to operate in the same old autocratic ways." Recently a nursing dignitary spoke at earnest length on the need for democracy in our organizations. Ten minutes later she summarily shut off a nurse who was expressing [*Continued on page* 77]

The non-expendable liver

by Frances Elder

■ WITH THE ADVENT of modern surgery, man has found that it is possible to live without parts of his body that were previously considered indispensable. The stomach, the gall bladder, the appendix, and other anatomical areas we can now live without, but even surgery has limits, and there still remain certain key organs that must not be taken away from the living organism.

One of these key organs, the liver, is the largest gland in the body. Weighing almost four pounds, this irregularly shaped mass lies mainly in the right upper quadrant, filling the portion of the abdominal cavity under the right half of the diaphragm.

An extremely vascular organ, the liver can accommodate 800 cc. of blood without distention. It is supplied with one blood vessel—the hepatic artery—for the nourishment of the liver cells, and another blood vessel—the portal vein—that brings in the blood from the digestive tract. Both of these vessels enter the liver through the porta hepatis or door of the liver, located on the organ's inferior surface. Emerging from the porta are the right and left hepatic ducts which transport the bile manufactured by the cells of the liver.

The liver is covered with a thin, fibrous sheath, from which fibrous bands extend into the organ, dividing it into numerous small units or lobules. Each lobule, which measures only a millimeter or two in diameter, is composed of cords of liver cells radiating from the center like branch-

es of a tree. In the center of the lobule, corresponding to the trunk of the tree, is a tributary of the hepatic vein. The liver cells act on the blood as it flows from the portal vein at the periphery to the hepatic vein at the center of the lobule. Eventually, the tributaries of the hepatic veins unite with the large hepatic veins which empty into the inferior vena cava located posterior to the liver. The latter carries the blood to the heart.

At the same time that the liver cells are filtering the blood on its journey from the intestine to the heart, they are also forming bile from the substances contained in the blood. In contrast to the upward flow of blood, however, the bile travels downward toward the intestine. On its way to the intestine it may be sidetracked and stored for a while in the gallbladder, which concentrates and releases it into the duodenum for the digestion of fat.

Because of its varied and vital activities, the liver has been likened to a factory and a warehouse. Among its many functions, in addition to the preparation of bile, are the transformation of carbohydrates into glycogen which is stored in the liver until required by the body, at which time, it is broken down into glucose and released into the blood stream; storage of vitamin A; alteration of absorbed fats; production of the blood clotting factors, fibrinogen and prothrombin; elaboration of heparin, the blood-clotting preventive; the storage of certain blood-making or hemopoietic factors; the recombination of amino acids to produce essential tissue proteins; the deaminization of amino acids; and the formation of urea.

Perhaps the most useful and life-saving activity of the liver is its ability to detoxify poisons. Since it receives through the portal vein all the blood leaving the intestines before it reaches any other part of the body, the liver helps to prevent orally-ingested, dangerous substances from entering the general circulation in overwhelming quantities. Certain barbiturates, for example, are converted in part to relatively inert substances by the action of various intracellular enzyme systems of the liver. Its scavenger cells—phagocytes—also attack and devour harmful germs.

From this brief anatomical and physiological background, one can gain some idea of the importance of the liver in the human body. And by the same token, one can understand that any disorder of this organ may lead to serious repercussions within the body. Some of the signs and symptoms indicative of liver disease are: dark, fatty, or clay-colored stools, dark urine, hemorrhagic phenomena, flatulence, nausea and vomiting, and anorexia. Jaundice, ascites, circulatory interference, or disturbance of clotting time are late and generally serious signs of hepatic disorders.

Modern physicians, unlike their medical forebears, are less apt to be content with a vague diagnosis of "sluggishness" of the liver. Although only the advanced stages of liver injury may be easily recognized, phy-

sicians can often make a diagnosis of liver disease by careful physical examination, meticulous history-taking, and various laboratory studies.

One of the diagnostic tests that may or may not yield conclusive results is liver biopsy in which a minute fragment of liver tissue is extracted by needle and examined microscopically for structural changes. Examination of drainage material obtained through duodenal intubation may also disclose data on hepatic function. Roentgenologic examination of the gallbladder involving the use of dyes is, of course, a common and helpful procedure in determining the presence of stones and other abnormalities of the gallbladder.

Because of the numerous functions of the liver, it would obviously be impossible for a single liver function test to evaluate a number of separate functions. However, many tests have been devised which, when given under well-controlled conditions, can lead to significant laboratory findings with regard to diagnosis or to the degree of progression or activity of a known liver disorder.

Dye excretion tests are frequently used to detect functional impairment of the liver. When the dye Bromsulphalein is injected into the blood stream the dye is removed by the liver and excreted into the bile. The amount of dye retained by the blood serum, determined by colorimetric methods and compared to normal performance, shows a measure of liver function. These normal values for the comparator block method have been listed: No dye present at 45 minutes with the 5 mg. dose, and no dye present at 20 minutes with the 2 mg. dose. For the photoelectric colorimeter method the normal values are: Retention of 4 per cent or less dye at 45 minutes with the 5 mg. dose or a retention of 2 per cent at 60 minutes and retention of 2 per cent or less of dye at 20 minutes with the 2 mg. dose.

This test, which has few false positive reactions, is useful in pre-operative studies of patients with thyroid disease, cholelithiasis, and hepatocellular damage without jaundice. The test is not valid when the patient is jaundiced.

There are other liver function tests associated with pigment metabolism. Any disorder that results in increased destruction of red blood cells leads to an increase in bilirubin. Bilirubin, it may be remembered, is a breakdown product of hemoglobin released through the disintegration of erythrocytes. The amount of pigment in the blood can be estimated by the icterus index, a test which compares the yellow color in the blood serum with a standard color solution. Patients with jaundice are frequently given this test.

A more accurate measurement of the bilirubin in the blood serum is provided by the *quantitative* van den Bergh. A *qualitative* van den Bergh also helps to distinguish between different types of jaundice and to trace their origin. Further tests relating to pigment metabolism include the testing of the urine for bilirubin. The presence of bilirubin in urine, where it is not normally found, is

strongly indicative of obstructive jaundice. Under these circumstances, the urine is greenish yellow, yellow, or brown.

In still another test, involving the feces, an increased formation of bilirubin will increase the amount of stercobilirubin, the pigment coloring the feces. In hemolytic anemia where bilirubin formation is increased, the stools are dark. However, clay-colored stools will result from a decrease of bilirubin in the intestine as a result of obstruction of the bile, or failure in the excretion of bilirubin by the liver.

The galactose tolerance test and the glucose tolerance test are used to determine whether the liver is failing in its ability to metabolize carbohydrates, and the blood cholesterol test provides a means by which the cholesterol and its ester fraction can be measured. Liver damage is suspected if the ester fraction is found to be less than 40 per cent of the total cholesterol.

Another test employed in checking on the detoxifying and metabolic functions of the liver is the hippuric acid test. Normally the liver forms hippuric acid by joining ingested benzoic acid to the amino acid glycine. Impairment of the liver's mechanisms for making this and other chemical transformations is suggested if the patient fails to produce the expected amount of hippuric acid in the urine in a given time after he has ingested or had injected in his vein an intravenous solution of sodium benzoate.

These are but a few of the numerous liver [*Continued on page* 68]

The Angel of Dienbienphu

Tribute to Nurse Genevieve De Galard-Terraube

When Freedom's Cause had seemed assured,
The tide was turned, and the lifted lance
Of Joan of Arc lay on the ground
Beside the fallen flag of France.

The dying groaned among the dead;
All hope was gone . . . yet they say
The Lady with a Lamp stood there
To heal their wounds, and light their way.

Wylma Georgia Heard, R.N.

Drug Digest

CHOLINE DIHYDROGEN CITRATE N.N.R. (Lipotropic Agent)

PROPRIETARY NAMES: Chothyn Dihydrogen Citrate

PHARMACOLOGY: This synthetic derivative of choline is used experimentally in the treatment of patients with fatty degeneration and cirrhosis of the liver. As a dietary supplement and source of choline, it is also employed in nutritional deficiencies, and particularly in persons exposed to industrial or medical hepatotoxic agents. A component of vitamin B complex and of lecithin, choline has been shown to reverse fatty infiltration of the liver and prevent further hepatic cell destruction in animals that have developed fatty infiltration from a choline-free diet. So far, it is not known whether the clinical use of choline preparations in hepatic diseases is successful or not but the results are promising except in cases of advanced fibrotic cirrhosis. This choline derivative, as others, is always administered in conjunction with other forms of therapy.

DOSAGE: Available in tablets, capsules, or syrup form, choline dihydrogen citrate is always given orally. Generally 2 to 3 Gm. of the drug are given daily in divided doses; 8 cc. to 12 cc. of a 25 per cent syrup may be administered in divided doses. The patient receiving choline is placed on a high protein, low fat diet.

UNTOWARD ACTIONS: The degree of toxicity has not yet been determined. It has been recommended that dosage should not exceed 6 Gm.

INOSITOL (Lipotropic Agent)

PROPRIETARY NAMES: Marketed as inositol.

PHARMACOLOGY: Classified tentatively among the B vitamins because it occurs with them in food, inositol is believed to have an important lipotropic function in preventing the deposition of fat in the liver and reducing cholesterol and cholesteryl ester levels in the blood. As a result of this theoretical action, it has been employed in acute and chronic hepatitis and in the prevention and treatment of cirrhosis. Although this lipotropic effect has been disputed, there is some justification for the belief that inositol enhances the lipotropic action of choline. It has been tried empirically in combination with choline for the treatment of fatty infiltration of the liver but the results have been somewhat controversial. Inositol occurs plentifully in food and there are no reports to indicate that there may be an inositol deficiency in man.

DOSAGE: In clinical trials, investigators have used from 1 to 3 Gm. of inositol daily, often in combination with liver, choline, and vitamin supplements. The daily requirement of inositol is not known.

UNTOWARD ACTIONS: In man, doses exceeding 0.5 Gm. per kilogram of body weight may be accompanied by diarrhea which diminishes after a few days of dosage.

METHIONINE N.N.R. (Lipotropic Agent)

PROPRIETARY NAMES: Meonine, Metio

PHARMACOLOGY: Methionine is one of the essential amino acids present in casein and other protein-containing products. The synthetic form of methionine is used experimentally in the treatment of liver disease, especially in hepatic cirrhosis, acute hepatitis, and toxic hepatitis caused by industrial poisoning agents such as carbon tetrachloride and TNT. It is also given to women anticipating the birth of erythroblastic babies and to the babies themselves for 12 days after birth in an attempt to prevent or lessen liver damage. The use of methionine is based on the fact that liver damage in animals from diets low in protein and high in fat can be prevented by the addition of methionine to the diet. There is still no conclusive evidence, however, that methionine alone is a more effective therapeutic agent than a high protein diet including casein and egg white.

DOSAGE: As a supplement to a high protein diet, 3 to 6 Gm. of methionine may be given orally in tablets, flavored powder, or capsules. A crystalline form of the drug may also be administered by slow I.V. drip as a 2 per cent solution in dextrose or water.

UNTOWARD ACTIONS: Methionine has a low toxicity and untoward effects are not apt to develop.

SULFOBROMOPHTHALEIN U.S.P. (Diagnostic Aid)

PROPRIETARY NAMES: Bromsulphalein

PHARMACOLOGY: Because Bromsulphalein is excreted mainly in the bile and remains unchanged after being injected intravenously, it is a useful agent in testing the excretory function of the liver. Although this test cannot help the physician make an exact diagnosis of the type of liver disease, it can indicate the presence of liver disorders and the amount of liver tissue involved in the disease. This is ascertained by noting the rate of Bromsulphalein clearance from the blood. Those patients who show more than a 50 per cent retention of the dye are classified as poor risks for surgery.

DOSAGE: To detect the presence of hepatic disease and the extent of involvement, a 5 per cent solution of Bromsulphalein is injected intravenously. The usual dose is based on 2 mg. per kilogram of body weight. The weight of the patient in pounds divided by 55 will give the number of cubic centimeters of 5 per cent solution that should be injected. The amount of dye that remains in the blood stream is generally measured 30 minutes and one hour after injection. Ampuls of Bromsulphalein are available in the 3 cc. and 7½ cc. size containing 50 mg. per cc.

UNTOWARD ACTIONS: Few untoward actions have been noted. Headache, faintness, and chills may occur occasionally but these are generally slight and transient.

Myocardial Infarction

the premonitory symptoms

by Frank J. Rummel*

■ WE HEAR MUCH these days of the importance of early recognition of the existence of cancer or of the need to detect the earliest manifestations of tuberculosis or diabetes. With so much emphasis on early diagnosis it is only natural that nurses and doctors are asking if there are any clues by which impending infarction of the heart muscle can be foretold.

Subtle forewarnings are present in from 10 to 50 per cent of the patients who develop infarction—forewarnings which should prompt the physician to initiate protective measures which may in some cases lessen structural damage or even prevent infarction entirely.

Investigators particularly interested in this subject have emphasized the following prodromal symptoms which may precede infarction, sometimes by several days or weeks but usually within 24 hours.

Those patients who already have angina pectoris may notice a sudden increase in the severity, frequency, or duration of pain, or an extension of the painful area involved. The pain seems to arise without obvious precipitating cause but its character tends to remain the same as in previous attacks. Often the pain develops while at rest and is unrelated to exercise, emotional excitement, or eating. Sometimes the patient himself reports that he has noticed a change in his usual pain pattern. This pain, which is usually described as burning, gnawing, constricting, gripping, aching, or crushing, may last from 15 minutes to several hours.

In a patient who has never experienced angina pectoris, the sudden appearance of the typical angina syndrome may have the same foreboding significance as the events just described.

Other symptoms which, alone or in combination, may precede the onset of myocardial infarction can even misdirect attention away from the heart. These include dizziness, weakness, fatigue, gastric distress,

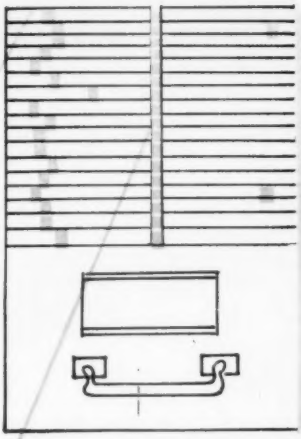
*Medical Director, Gilbert and Barker Manufacturing Co., West Springfield, Mass.

dyspnea, orthopnea, and palpitation.

Although, in some cases, the premonitory symptoms may be continuous or intermittent, and lead directly up to the infarction, there is frequently a pain-free interval between the development of symptoms and the onset of infarction.

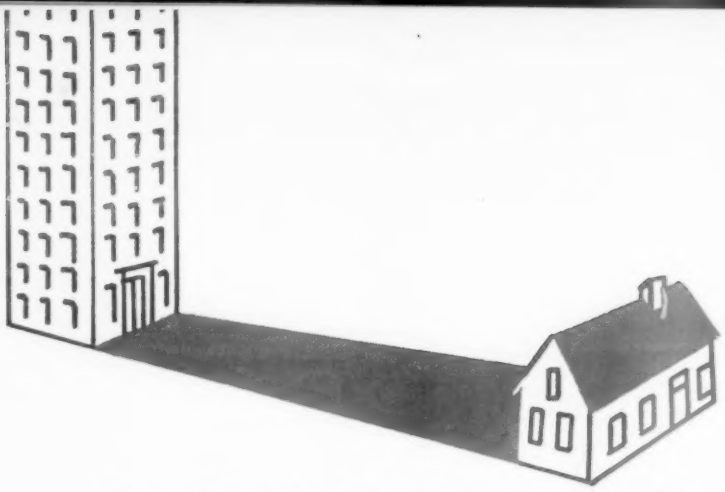
During the period of premonitory symptoms and during the relatively asymptomatic latent period which may follow, physical examination reveals no clinical evidence of infarction. Fever, leukocytosis, tachycardia, drop in blood pressure, and the characteristic electrocardiographic changes are absent. A normal electrocardiogram at this stage does not rule out a developing infarction. Between prodromal attacks patients usually feel well except for transient weakness.

To understand what occurs in the heart during the prodromal period one may visualize the gradual closure of the lumen of a coronary artery by progressive hemorrhage from a ruptured capillary situated within the wall of the artery at a point



where arteriosclerotic plaques have previously been formed. Or, in other cases, a gradual closure may be due to the slow formation of a thrombus on an arteriosclerotic plaque, many hours or even days may pass before complete closure of the arterial vessel occurs.

Whenever any of the symptoms mentioned before are suspected as being premonitory of myocardial infarction, it is advisable to decrease the demands on the heart and to keep the metabolic requirements of the heart muscle at a minimum. From experimental evidence, we know that the development of an effective collateral circulation requires from one to three weeks. During this critical period, many authorities urge complete bed rest and close observation. Light foods in small amounts should replace large, heavy meals which notoriously increase the work of the heart. In addition, sedatives, abstinence from tobacco, and perhaps the use of vasodilators are indicated in the hope that the injury to the [*Continued on page* 62]



Psychiatric Nursing in the Home

■ HOW MANY times have we heard the question: Why must we have private duty nurses? To this question, or each variation of it, there is always a logical answer. We still *need* these nurses. And we need them particularly in the various clinical specialties.

Take psychiatric nursing as an example. Those who would begrudge the place of the private duty nurse in psychiatry because of a shortage of nurses generally, or in mental hospitals specifically, are not fully aware of the need for an increased number of nurses in this branch of medicine, or of current conditions in mental institutions. One consideration is that many public and private mental hospitals do not employ a sufficient number of professional nurses. It might also be mentioned that many mental hospitals do not employ professional men nurses; or, if they do, employ them only as attendants. The quality of non-professional employes in this type of hospital is, generally speaking, poor. This, along with the overcrowding prevalent in public mental institutions, makes for difficulty in the rendering of truly professional care.

The private duty psychiatric nurses can play, and are playing, an important role in the care and treatment of the psychotic and neurotic patient. Among the cases of the private duty nurse specializing in psychiatry are:

1. Patients requiring nursing care, without hospitalization.
2. Patients who should be hospitalized, but who refuse to enter a hospital.
3. Patients remaining at home because of the psychiatrist's desire for recovery to take place in the normal environment.
4. Geriatric-psychotic patients.
5. Hospitalized patients requiring more constant nursing care than can be provided by staff nurses.

In each of these cases, the private

by Alfred W. Reetz, Jr.

duty nurses faces a completely new challenge, for these patients are usually harder to care for than those found in general medicine and surgery. The general patient usually has a specific ailment—arising from physical causes—which requires a definite form of physical care. In treating the mental patient, we must consider environment, family, friends and acquaintances, occupation, national affairs, and other factors. And professional knowledge is just as important as it is in medical, surgical, and in orthopedic nursing. In medical or surgical nursing, the aim is often to keep the patient alive. In psychiatry, it is quite often to make him "live."

First, it is necessary that the nurse establish rapport with his or her patient. Mentally ill persons often fail to realize they are sick and in need of nursing and medical care. Perhaps they resent the fact that their every act is in the presence of the nurse; their every pleasure must

The Development of the Mental Hygiene Movement in the U.S.

by Martin Moldovan*

■ DURING THE LAST fifty years, we have seen the origin and rise of the mental hygiene movement, and the consequent raising of standards of care and treatment for mental patients, the encouragement of psychiatric research, and the beginnings of an educational program toward the prevention of mental disease.

Few movements have been initiated under such extraordinary circumstances as the mental hygiene movement. Few founders of contemporary movements have had careers as unusual as that of Clifford Whittingham Beers, the founder of this extremely important movement.

A graduate of Yale University, Clifford W. Beers, who had attempted suicide by jumping from a fourth story window, became, successively, a patient in three mental hospitals in the state of Connecticut.

In the year 1900, when Mr. Beers was committed to the first mental institution, the prevailing conditions were indescribably bad. Mental [*Continued on page* 65]

*Martin Moldovan, R.N., is an undergraduate at New York University on a scholarship from the State Department of Mental Hygiene.

be shared with the nurse; their pains are not eased by the family. They may feel the privacy of their home has been invaded, first by the psychiatrist, then by the nurse he has placed there.

Families of the medical or surgical patient are aware of a specific ailment suffered by him. They know that the nurse is present to make him comfortable, to give him medications and treatments prescribed by the physician. Members of a psychotic patient's family must be considered in a different light. Often they agree with the patient's claim that he is not ill. Or, if they do realize that an ailment exists, they feel they are letting him down by siding with the doctor and nurse. Quite often, too, the family has been a contributing factor in the illness, and is totally unaware of the part it has played. In such instances, the nurse's problems increase in scope; rapport must not only be established with the patient, but also with the family, the latter possibly being more hostile. Also, the nurse must strive to maintain the psychiatrist's rapport with patient and family, or perhaps assist in establishing it.

In this latter respect, the psychiatrist visiting the patient's home may be at a decided disadvantage. It is common knowledge that many persons look with a frown upon psychiatry and psychiatrists. Obviously, this condition exists because of lack of understanding and the general failing of families and individuals who have had their lives blotted by the stigma of mental illness to face reality. While psychiatry is branching out, it has, through little fault of its own, failed to find general and open recognition in the home. Crazy, nuts, insane, batty, loony—such words are still commonly descriptive of the mentally ill; sadly, it must be admitted that even mental institution personnel, who should know better, are guilty of such transgressions.

When the psychiatrist sees the patient in a hospital, he has an entire staff to share the burden of the family. In the home, his only assistance in establishing harmonious relationships may come from the nurse. Therefore, the private duty nurse, working, or working and living, in the patient's home, in the presence of family and friends, can be definitely influential in the acceptance of the psychiatrist and his profession by the patient and family.

In the home, the need for a professional nurse for patients receiving sub-coma insulin therapy is obvious. One might, however, overlook the need for psychotherapy following the mere physical care. Whether in the home or hospital, the mental hygiene of the patient must be improved, and guidance is required. Patients being treated with electroshock are no less in need of psychiatric attention following treatments than those receiving insulin. The psychiatrists who specialize in psychotherapy, singly or in conjunction with analysis, may give these treatments to patients whose illnesses are rather acute, and who particularly require aftercare.

The hours of duty for the nurse,

as in other cases, vary according to need. Eight hours may be required by the patient being treated with sub-coma insulin, or receiving electro-shock therapy in the home or doctor's office. Twelve hours may be necessary when the responsible member of the family is at work during the day. Twenty-four-hour duty might be indicated in cases where the patient is acutely ill, or where the members of the family, not desiring hospitalization, cannot care for the patient's needs or find themselves unable to control him during difficult periods.

The advantages to the psychiatrist in having the patient at home with a private duty nurse include:

Individual attention to his orders and instructions; the nurse does not have to divide her time among a number of patients.

He is better able to get a picture of the patient's life at home and determine the causative factors of the illness.

He can better follow the progress of the patient. He needn't worry about whether or not the patient is sufficiently recovered to return home.

And to these advantages can be added the fact that the family is better able to understand the needs of the patient while he is being cared for at home. Also, the private duty psychiatric nurse will insure the practice of good mental hygiene in the home, and enable the family to assist in the patient's recovery even after there is no further need for his or her skilled attendance.

LINES

on a psychiatrist's face

Psychiatrist, with balanced mind,
Your manner is both calm and kind,
Your countenance reveals no frown,
No knotty problem gets you down!

Oh, doctor, free of all obsession,
Your smile bespeaks no stored repression.
Inform me, learned, wise physician,
How did you sidestep inhibition?

You hark each day at consultation
To tales of woe and grim frustration.
Oh, doctor, with your mien so mild,
I'm sure you were no problem child!

Your nightly dreams must be devoid
Of stuff to interest Jung or Freud,
While some poor folk, subconscious' slaves,
Just cannot make their dreams behave!

Psychiatrist, with well-trimmed brain,
Your outlook is serene and sane.
But tell me, well-adjusted one—
Do you find living any fun?

by Cecilia Hargrove, R.N.

Help for heliophobes and h

■ NO ONE WHO has ever gone to a public beach on a hot summer's day and endeavored to establish a blanket-sized beachhead on the hostile shore, will believe this, but—incredible as it may seem— there are more than 23 million people in the U.S. who are allergic to the sun.

"Heliophobe" is the medical term for those whose skin just can't take the sun at all. In fact, they cannot tolerate even as much ultraviolet as commercial suntan products allow to reach the skin for tanning purposes. To the heliophobe, the slightest exposure to sunlight means painful burning and blistering, rashes or other eruptions of the skin.

Now, however, latest research shows protection for the heliophobe is obtainable through the use of sun allergy creams. One of these products, Skolex Sun Allergy Cream, first formulated for heliophobes exclusively, actually assures the user of 100 per cent safety in the sun because it cannot be penetrated by ultraviolet rays. Since an effective sun allergy cream offers help long sought by heliophobes, certainly the use of this sun allergy product would seem to merit discussion with the family doctor.

How about the 137 million persons in the U.S. who are not supersensitive to ultraviolet rays?

Sun bathing is relaxing and contributes to physical well-being. The chemical reactions of ultraviolet on the skin produce Vitamin D, which in turn is absorbed by the blood and distributed throughout the system wherever it is most needed. Dermatologists have discovered that skin problems such as minor blemishes, acne, and psoriasis are greatly benefited and sometimes cleared up completely by exposure to summer sun.

A severe sunburn, on the other hand, is unsightly, uncomfortable, and dangerous. To aid this season's vacationer in avoiding a painful burn from overexposure to the sun, the following facts about suntanning have been compiled by the Skol Research Institute:*

1. No exact time can be set for safe sunning because even normal skin types differ in their sensitivity to ultraviolet. As a general rule, fair skins are quicker to burn than olive skins, but the individual is really the best judge of his skin tolerance.

2. Using a suntan lotion, such as Skol, is more than a fashionable habit, it is genuinely important. With

*Established in 1951 for the purpose of coordinating and evaluating research data on the effects of ultraviolet rays on the skin.

heliophiles

by Clifford Raye

the protection of an effective lotion, the time you would ordinarily spend in the sun without burning can be doubled. Screening ingredients used today actually ration the ultraviolet rays reaching your skin without impeding those that stimulate tanning.

3. Since the use of a suntan lotion lengthens the time you can spend safely in the sun, a good, even tan can be acquired in a comparatively shorter period. But it cannot be acquired all in one day. Prolonged exposure to sunlight is more than likely to result in a painful and serious burn, or a tan that will peel away.

4. Sane sunning habits are also dependent on where and when you sunbathe. At the beach, for example, reflection by sand and water doubles the intensity of ultraviolet . . . near grass or trees, you can take more sun. And don't let a cloudy or hazy day catch you with your skin unprotected . . . moisture and humidity are contributing factors to sunburn.

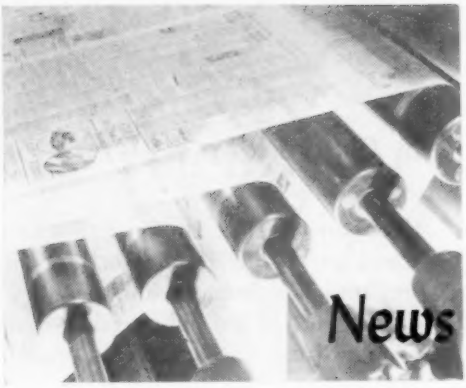
5. Tanning, although a part of the body's process to protect the skin against sunburn, is no guarantee against it.

6. Mineral oil and baby oil are completely unreliable as burn preventatives and tanning mediums. Both are transparent to sunlight, and only increase your chances of burning.

7. By means of an invisible film approximately 1/25,000 of an inch thick, an effective suntan lotion can transform the destructive force of the sun into a beneficent and beautifying agent. The only cooperation needed from the user is thorough application when the skin is dry and reapplication at intervals—especially after swimming.

8. Areas such as nose, lips, shoulders, back of knees may be more sensitive to ultraviolet than the rest of your skin. An effective sun allergy cream which blocks out all of the sun's rays will prevent spot burning of these areas when applied after a few minutes in the sun.

9. If you're going to be in the sun continuously this summer and want to call a halt to deepening suntan, sun allergy cream can also be used to stop the tanning process.



News in Review

▶*THE BICENTENNIAL* nursing conference held May 12th and 13th at Columbia University had for its theme "A Century of Progress in Nursing." Sponsored by the Columbia University bicentennial committee in cooperation with the Division of Nursing Education at Teachers College and the Department of Nursing of the Faculty of Medicine, the conference was devoted to the review and improvement of United States and world nursing. Four meetings were held—the topics were: "A Century of Progress"; "Nursing Practice"; "Nursing Education"; and "The University's Responsibility for Nursing." In commemoration of Florence Nightingale's 134th birthday, a conference dinner was held on May 12th—the theme of which was "Progress in International Nursing."

In conjunction with the nursing conference, three exhibits of rare and unpublished letters and other personal possessions of Florence Nightingale were displayed. Among the objects to be seen were a replica of her famous lamp and a thermometer which she used when caring for the sick and wounded in the Crimea.

▶*ASSOCIATE DEGREES* from New Jersey's Rutgers University are to be granted to five nursing students who will have completed this month the two-year program of the Rutgers University School of Nursing located at the Newark College of Arts and Sciences. This is the first formal recognition of academic work of less than four years granted by the university in its 188-year history. The program, aided financially by the New Jersey Department of Civil Defense, is the first in the U.S. to be set up with the help of such an agency. There are fourteen students enrolled in the course at present.

▶*FIFTY IOWA GIRLS* have been awarded three-year nursing scholarships offered by the Iowa division of the American Cancer Society. Each of the awards covers tuition, fees, books, and uniforms (not to exceed $500) and begins this fall at any of Iowa's accredited nursing schools. The girls must agree to finish training (except in case of illness), not to marry while in training, and to practice nursing in Iowa for two years immediately following graduation. The Iowa division has set aside $25,000 for scholarships every year since 1949

and now sponsors 137 students; 79 have completed training. The scholarships are looked upon as a means of expanding the cancer case-finding and home service work of the Iowa division.

▶*EDUCATION FOR PARENTHOOD* is a matter of concern to the American Red Cross. As a result of its continuing interest in the subject a revised edition of the ARC's guide for instructors of courses for expectant parents is being prepared. Changes made are in accordance with the suggestions of a group of experts in maternity, infant, and child care which met in Washington in 1952 upon the invitation of the Red Cross. Following the publication of the revised manual, an institute for Red Cross instructor-trainers and other nurses from all parts of the U.S. who are actively engaged in the preparation of nurse leaders for parent groups, requested by both the Children's Bureau and the ARC, will be held at Harvard University School of Public Health. The instructors will emphasize current scientific advances in mother and baby care, and child health and development.

▶*THE HEALTH REINSURANCE PLAN* of the Administration has had a far from smooth path. Since its introduction (See R.N., May, 1954) it has encountered sharp criticism from a number of sources. It is the hope of the Administration that reinsurance will result in more comprehensive benefits, that it will eliminate or cut down on fine-print exclusions in policies, and that it would eventually lead to the coverage of persons now considered uninsurable. Although there seems to be almost general agreement that the main objective of the plan is worthwhile, hearings on the bills (S. 3114 and H.R. 8356) have brought forth complaints from such varied organizations as the AMA, the U.S. Chamber of Commerce, the American Dental Association, the National Association of State Insurance Commissioners, Blue Shield, the CIO, the AF of L, and others. Among the organizations and individuals favoring federal [*Continued on page* 72]

About People

▶ **French Air Force nurse, *LIEUT. GENEVIEVE DE GALARD-TERRAUBE*, has been proposed by the Board of Governors of the League of Red Cross Societies for the Florence Nightingale Medal. Lieutenant de Galard has also been invited to the U.S. in a resolution approved by the House Foreign Affairs Committee . . . *MAJ. CELESTIA H. UFTRING, ANC*, now at Brooke Army Hospital, Fort Sam Houston, Tex., has been awarded the Army Commendation Ribbon with Metal Pendant for "meritorious service" as chief nurse of the 382nd General Hospital in Japan from March, 1952 to December, 1953. . . . *CLARENE A. CARMICHAEL* will succeed *MRS. LUCILLE M. LOVETT* as Educational Director of the American Association of Nurse Anesthetists . . . On April 8, the "San Antonio News" honored *SADIE (MRS. EDWIN C.) BROWN*, as its "Clubwoman of the Week." Mrs. Brown is director of nurses at the Robert B. Green Memorial Hospital, San Antonio, Tex. . . . *LT. COL. PAULINE KIRBY, ANC*, has been appointed Chief of Nursing Service, Walter Reed Army Hospital, Washington, D.C.**

COOL

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Dietetic Aids

[*Continued from page* 38]

of herb and spice preparations. Allspice, cinnamon, curry powder, garlic, mustard powder, nutmeg, paprika, pepper, thyme, vanilla, and vinegar can all be used freely. Lemon juice is also useful in seasoning dull, uninteresting foods.[9]

Among the many low-sodium products on the market are canned vegetables of almost every variety, canned soups, meat and poultry diet dishes, tuna fish, and low-sodium meats. In the latter category are Hilsom low-sodium meats that have been packed by Armour.[10] A company especially known for its low-sodium soup and meat products is Dorset Foods, Ltd., which has a process of extracting the natural sodium from the ingredients.[11]

Naturally, the product most eagerly sought after by the patient on a low-sodium diet is a salt substitute. Several of these substitutes, now on the market, are apparently useful both in cooking and at the table. One of these substitutes, Co-Salt, is composed of choline, potassium chloride, ammonium chloride, and tricalcium phosphate. Another, Adolph's Salt Substitute, contains potassium chloride, glutamic acid, mono potassium glutamate, and tricalcium phosphate. The sodium content of the latter doesn't exceed 20 milligrams of sodium per 100 grams. Still another salt substitute, Sansal, is reported to contain not more than 30 milligrams of sodium per 100 grams.

Milk, which is high in sodium content, is another dietary *verboten* food for the low-sodium dieter. For this reason, the patient must rely on powdered milk products like Lonalac that can be reconstituted with water to produce a fluid milk. Recently, however, the American Heart Association reported that a low-sodium fresh milk had been developed by a California chemist with the assistance of the Los Angeles County Heart Association. Although the new milk has 90 per cent of the original sodium content removed it is not altered either nutrition- or taste-wise. The low-sodium fresh milk, which carries the Seal of Approval for low-sodium diets of the Los Angeles County Heart Association, contains not more than 50 milligrams of sodium per liter. The cost is 45 cents per quart delivered.

No mention has been made of the many allergy diet foods on the market but these are, of course, available, as are a multitude of other dietetic products. In fact, wherever there has been a demonstrable medical need for special dietary products, the food processors have contributed their skill and resources to fill the need.

Undoubtedly, it would be possible for dieters to live within their restrictions if dietary aids were not available, but life would be much more complicated and unpleasant — and without dietetic foods, there certainly would be far less inducement to comply with necessary dietary rules and regulations.

[1]"Calorie Saving Recipes," Abbott Laboratories, North Chicago, Ill.

[2]For additional nutrition information and

recipes, write: Director of Nutrition, "Junket" Brand Foods, Little Falls, N.Y.

[3]"Cellu Dietetic Products for Low Calorie and Sugar and Starch Restricted Diets," The Chicago Dietetic Supply House, Inc., 1750 West Van Buren St., Chicago 12, Ill.

[4]"The Tillie Lewis 21-Day Tasti-Diet Plan" (50c), Tasti-Diet Foods, Inc., Post Office Box 810, Stockton, Calif.

[5]"Counting Calories?" Pratt-Low Preserving Co., Santa Clara, Calif.

[6]"Knox Gelatine Recipe Book—Eat and Reduce Plan," Charles B. Knox Gelatine Co., Inc., Johnstown, N.Y. This company has other pamphlets for dieters, including "Feeding Diabetic Patients Young and Old" and "Low Salt Diet."

[7]D-Zerta recipes are included in D-Zerta packages. Recipes for 20-portion amounts may be requested from General Foods Corp., Institution Food Service, 250 North St., White Plains, N.Y.

[8]"Knudsen Recipes." The Knudsen Creamery Co., Santee St. at 21st, P.O. Box 2335, Terminal Annex, Los Angeles 54, Calif.

[9]A new leaflet, "Salt or No Salt," gives ideas for using lemons as seasoning for low-sodium diets. This may be obtained by writing: Sunkist, Box 2706, Terminal Annex, Los Angeles 54, Calif. Sunkist also offers a Special Sunkist edition of "The Low Sodium Cookbook" for $1.25.

[10]"Special Salt Free Menus." The Hilsom Corp., 1 Exchange Place, Jersey City 2, N.J.

[11]Dorset Foods, Ltd., 44-02 23rd St., Long Island City 1, N.Y.

Additional companies supplying dietetic foods are:

Richmond Chase Co., 817 The Alameda, San Jose, Calif. (Diet Delight)

S. S. Pierce Co., Boston 17, Mass. (Overland)

Haxton Foods, Inc., Oakfield, N.Y. (Blu Boy)

S&W Fine Foods, Inc., 155 Berry St., San Francisco 19, Calif. (S&W Nutradiet)

Smart & Final Iris Co., P.O. Box 2377 Terminal Annex, Los Angeles 54, Calif. (Iris)

Horlamus Food Products, Hypo Allergic Foods, 4210½ Laguna St., Coral Gables, Miami 46, Fla. (Horlamus)

Van Brode Milling Co., Inc., Clinton, Mass. (Van Brode)

Venus Baking Co., 678 Columbus Ave., Boston 20, Mass. (Venus)

The Battle Creek Food Co., Battle Creek, Mich. (Sanitarium, Battle Creek)

The Borden Co., 350 Madison Ave., New York 17, N.Y. (Borden)

Nurses may obtain helpful information on diets from:

American Diabetes Association, 11 West 42 St., New York, N.Y.

American Dietetic Association, 620 North Michigan Ave., Chicago, Ill.

American Heart Association, 44 East 23 St., New York, N.Y.

National Research Council, Food and Nutrition Board, 2101 Constitution Ave., Washington, D.C.

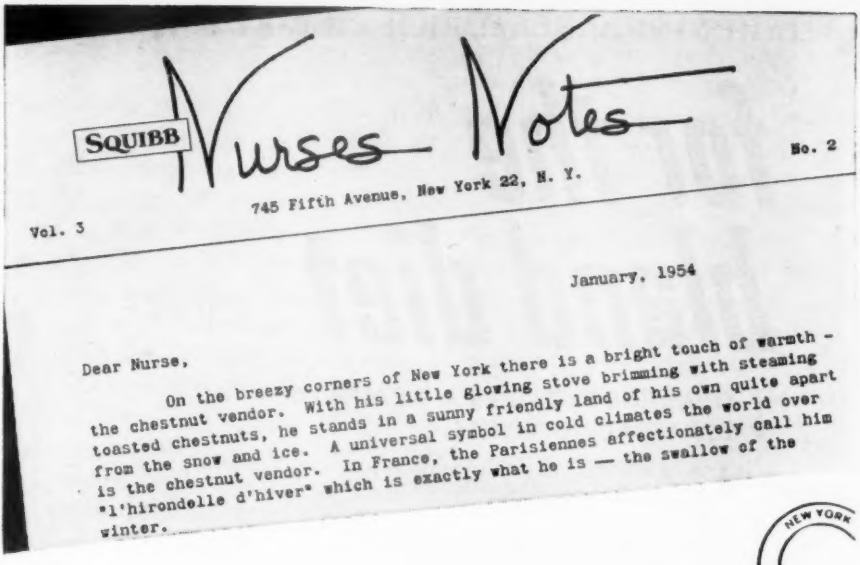
Myocardial Infarction

[*Continued from page* 49]

myocardium may not yet be irreversible. It is well known that not every coronary occlusion is followed by infarction.

Nurses—especially those in positions similar to that of the industrial nurse or the visiting nurse who habitually see patients outside the hospital or doctor's office—need to be cognizant of the implications of these premonitory symptoms. Where the requisite rapport exists, patients or would-be patients readily report what may seem to them to be trivial symptoms or unimportant changes in their symptom pattern. Nurses can perform a service of immeasurable value by recognizing these warnings and by making sure that such patients receive, as soon as possible, the benefit of appropriate prophylactic medical management.

• Because methyl salicylate (Oil of Wintergreen) has caused a number of deaths through accidental misuse, the Department of Health, Education, and Welfare will regard as misbranded under the provisions of the Federal Food, Drug, and Cosmetic Act any drug which contains more than 5 per cent methyl salicylate unless the label plainly states that use otherwise than as directed therein may be dangerous and that the article should be kept out of the reach of children to prevent accidental poisoning. When taken in quantities of a teaspoonful or more, this drug is quite toxic.



SQUIBB Nurses Notes

745 Fifth Avenue, New York 22, N. Y.

Vol. 3 No. 2

January, 1954

Dear Nurse,

On the breezy corners of New York there is a bright touch of warmth - the chestnut vendor. With his little glowing stove brimming with steaming toasted chestnuts, he stands in a sunny friendly land of his own quite apart from the snow and ice. A universal symbol in cold climates the world over is the chestnut vendor. In France, the Parisiennes affectionately call him "l'hirondelle d'hiver" which is exactly what he is — the swallow of the winter.

NEW YORK C N Y

SQUIBB Nurses Notes brings you the news

"Nurses Notes", the monthly newsletter published by Squibb, contains important, up-to-the-minute medical information of particular interest to nurses. Edited by Miss Joan Barlow, R.N., "Nurses Notes" is prepared as a professional service for members of the nursing profession. Special emphasis is placed on news in the nursing, medical, health and welfare fields. "Nurses Notes" is sent, free of charge, to members of the nursing profession.

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Miss Joan Barlow, R.N.
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Field of Nursing _____
(Please indicate)

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1 OVALTINE PROVIDES A WEALTH OF ESSENTIAL NUTRIENTS

And in a balanced relationship of protein, vitamins, minerals and other nutrients. See chart below.

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The tempting flavor of this delicious food beverage adds zest to the bland diet. It is taken eagerly even by patients who dislike milk.

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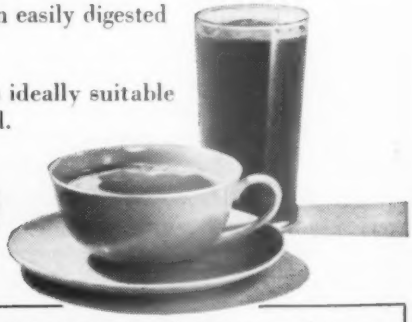
This dietary supplement is an easily digested addition to the bland diet.

Thus Ovaltine made with milk is ideally suitable whenever a bland diet is required.

Ovaltine is equally delicious served hot or cold.



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CHLORINE	900 mg.	MANGANESE	0.4 mg.	BIOTIN	0.03 mg.	*VITAMIN A	3200 I.U.
COBALT	0.006 mg.	*PHOSPHORUS	940 mg.	CHOLINE	200 mg.	VITAMIN B_{12}	0.005 mg.
*COPPER	0.7 mg.	POTASSIUM	1300 mg.	FOLIC ACID	0.05 mg.	*VITAMIN D	420 I.U.
FLUORINE	0.5 mg.	SODIUM	560 mg.	*NIACIN	6.7 mg.	*CARBOHYDRATE	65 Gm.
*IODINE	0.7 mg.	ZINC	2.6 mg.	PANTOTHENIC ACID	3.0 mg.	*PROTEIN (biologically complete)	32 Gm.
*IRON	12 mg.			PYRIDOXINE	0.6 mg.	*FAT	30 Gm.
				*RIBOFLAVIN	2.0 mg.		

*Nutrients for which daily dietary allowances are recommended by the National Research Council.

THE WANDER CO., 360 N. MICHIGAN AVE., CHICAGO 1, ILL.

Mental Hygiene Movement

[*Continued from page* 51]

institutions were understaffed, and what staff there was consisted of ex-convicts and men with practically no education to speak of. Attendants at that time were not trained or educated to function properly in a mental institution. They were brutal and cruel, and ill-adapted to the needs of the mentally ill patients.

Each asylum was a cross section of the three major types of institutions for the mentally ill. The first to which Mr. Beers was committed was a profit-making, privately owned asylum. The second was a private non-profit institution. The third was a state hospital. In all three, Mr. Beers received extremely crude and harsh treatment. He was beaten, mercilessly choked, spat upon, imprisoned for long periods in dark, padded cells, and left in a strait jacket for long periods of time.

Mr. Beers was so maltreated that even in his delusional state of mind he promised himself that he would plan to make sweeping reforms that would eradicate the abuses that were inflicted on himself and other patients. In order to become thoroughly familiar with all aspects of asylum life, he deliberately provoked his attendants to throw him into the worst of the "violent" wards, where patients were kept in strait jackets in small, bare, unventilated, unheated cells. Time passed, and during his last months as a patient, Beers filled reams of paper with accounts of his asylum experiences, together with some elaborate programs for reform.

This program was to become both his platform for reform and a large part of his world-famous autobiography, published in 1908, "A Mind That Found Itself," which served the purpose of rallying its readers to action along the lines set down by the author. Mr. Beers started his campaign by withholding publication of his book until he had submitted his manuscript to a number of psychiatrists, psychologists, and leaders in several fields for criticism.

This plan prevented the possibility of having the story dismissed as a confabulation by an irresponsible ex-mental patient. With the release of the book to the public, the lot of the mentally ill was exposed to the whole world. The book made a profound impression upon the professional as well as the civilian population. People with prominent names and reputations eagerly gave their support to the movement.

Dr. Adolph Meyer, one of the leading psychiatrists of the times, suggested the title for both the movement and the organization. He suggested the fitting term "Mental Hygiene."

The prestige lent to this movement of reform by Dr. Meyer helped to launch the campaign. On May 6, 1908, a group, headed by Beers, established the pioneer Connecticut Society for Mental Hygiene at a meeting held in New Haven, Conn.

This society proved so successful that on Feb. 19, 1909 the realization of Mr. Beers' major goal was reached —the National Committee for Mental

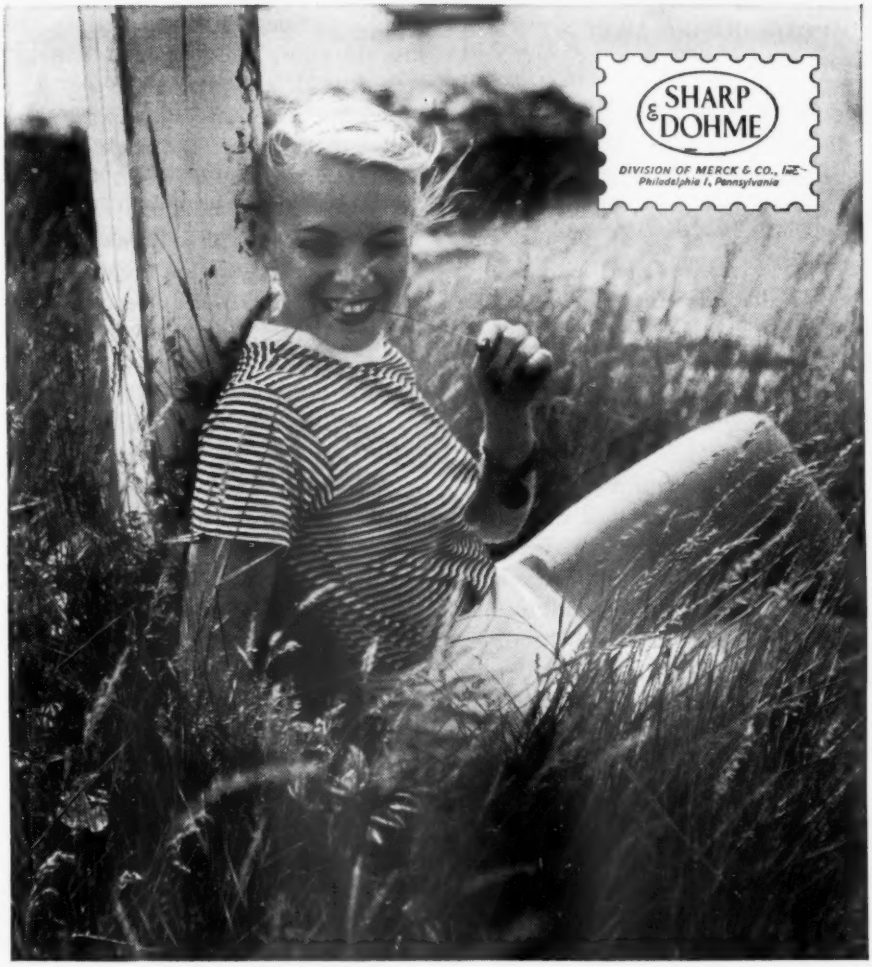
Hygiene was formed at a meeting in New York City. Mr. Beers became secretary of the National Committee on a permanent basis.

As outlined in one of the earlier publications of the National Committee for Mental Hygiene, the chief objectives of the new society were:

1. To work for the protection of the mental health of the public.
2. To help raise the standard of care for those in danger of developing mental disorder or actually insane.
3. To promote the study of mental disorders in all their forms and relations, and to disseminate their causes, treatment, and prevention.
4. To obtain from every source reliable data regarding conditions and methods of dealing with mental disorders.
5. To enlist the aid of the Federal government so far as may seem desirable.
6. To coordinate existing agencies and help organize in each state in the Union an allied, but independent, Society for Mental Hygiene, similar to the existing Connecticut Society for Mental Hygiene.

This far-sighted and far-reaching plan has been the pillar of our modern psychiatric program.

The light has been lit for greater things to come by the founding of an International Committee for Mental Hygiene. The London Conference of August, 1948, under the sponsorship of the International Committee for Mental Hygiene, gave birth to the World Federation for Mental Health, which works closely with the United Nations World Health Organization. The credo of the Federation is, "Among all peoples and nations, the highest possible level of mental health."



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Non-expendable Liver

[*Continued from page* 45]

function tests that are now being used as tools in the diagnosis of hepatic disorders. As was stated before, in view of the many diverse functions of the liver no single test can serve to measure the degree and type of hepatic involvement, but several appropriate tests can, when combined with clinical observation and other diagnostic adjuncts, give the physician a more complete picture of the disease.

Probably the symptom complex most commonly associated with liver disease is jaundice, a condition in which the skin, mucous membranes, and body fluids are discolored by the presence of bile pigments. The three underlying causes of excessive bile pigments in the body are an unusual amount of blood destruction or hemolysis such as that found in familial hemolytic jaundice; failure in the excretory function of the liver due to disease of the liver itself, as in acute hepatitis, yellow atrophy, and poisoning by toxic agents; and obstruction of the passage of excreted bile in the bile ducts by gallstones or by cancerous growths.

Besides the characteristic yellow, sometimes green, tinge of the skin, the patient with obstructive jaundice —a condition in which the bile cannot enter the intestines to digest fat —generally suffers from indigestion, constipation, and other gastro-intestinal disturbances. Other severe manifestations are pruritus, mental depression, bradycardia, yellow vision, and a prolonged clotting time. In this disorder, bile pigments are excreted with the urine, giving it a brownish, greenish color, while the stools, because of the lack of bile pigment in the intestine, have a clay-colored appearance.

The treatment of jaundice will, of course, depend on the treatment of its underlying cause. For example, in familial hemolytic jaundice, characterized by an abnormal fragility of the red cells, removal of the spleen has been found to cure the disease.

In acute hepatic infections, such as infectious hepatitis and homologous serum hepatitis, complete bed rest is imperative as is a diet adequate in protein, carbohydrate, and vitamins, particularly the B complex. If parenteral feeding is necessary, protein hydrolysates may be administered intravenously. Other forms of therapy that have been used are liver extracts and the adrenal cortex hormone. With adequate treatment, patients generally recover from acute infectious hepatitis but occasionally the disease may lead to fatal necrosis or cirrhosis.

Toxic agents act much the same as infectious agents in their effect upon the liver. However, extremely toxic substances, in contrast to infectious agents, can cause a greater degree of damage. Some poisons are capable of initiating an acute massive necrosis (acute yellow atrophy) that may end fatally in a short time or become chronic, progressing into serious cirrhosis. There are many hepatotoxic agents, including such well-known liver poisons as snake

venom, poison from mushrooms, chloroform, and mercury.

As in the case of acute hepatic infections, adequate nutrition must be maintained for patients afflicted with liver necrosis caused by poisons. A high level of protein is advised because the liver is especially sensitive to toxins when the supply of protein is depleted. Methionine, an essential amino acid, has also been recommended and, in certain cases, BAL (British Anti-Lewisite) may be used to combat metallic intoxication.

By far the commonest metabolic disorder of the liver is fatty infiltration. Primarily associated with chronic disease and malnutrition, infiltration diseases of the liver are notable mainly for the symptomless enlargement of the gland. Dysfunction of the liver arises from impairment of circulation rather than from the nature of the infiltrating substance. Unfortunately, in most of the inherited metabolic disorders, there is no successful treatment. However, it is possible to reverse fatty infiltration by the administration of a high-protein, high-vitamin diet. Choline supplements may also be of use.

Cirrhosis has been described by one authority as the sequel to numerous types of liver injury such as necrosis, prolonged fatty infiltration, and biliary obstruction. Alcohol, once considered the reprehensible cause of cirrhosis, is now generally absolved of blame, but the nutritional deficiencies accompanying chronic alcoholism *are* believed to lead to fibrosis.

In portal cirrhosis, the liver is scarred, diffusely nodular, and dense. In the first stages, the condition may produce no symptoms. But as cirrhosis progresses, the patient may complain of nausea, vomiting, abdominal pain or tenderness, and flatulence. In the advanced stage, there appear low-grade fever, foul breath, emaciation, and jaundice; distended abdominal veins and esophogeal varices indicate serious portal venous obstruction. Finally, in the last stages, the cirrhotic patient is afflicted with ascites, edema, and mental torpor.

Another form of cirrhosis, biliary cirrhosis, results from obstruction of the common duct or congenital stenosis of the biliary ducts. Jaundice is a common symptom in this condition, and the skin has a green, bronzed appearance. Surgical intervention may be needed to remove the obstruction, but in some cases surgery is not possible.

Some of the treatment measures aimed at promoting regeneration of liver tissue in cirrhosis are bed rest, a nutritious, high-protein diet containing growth-promoting factors, intravenous liver extract, and intravenous protein hydrolysates. Choline and methionine have been used widely on the basis of their ability to prevent cirrhosis in animals. Both of these drugs and inositol are classified as lipotropic factors because of their reported ability to convert neutral fats to phospholipids in the liver. This action promotes more effective utilization and transport of fatty acids.

Paramount in the treatment of all

types of liver disease are rest, a diet high in protein and carbohydrate, control of water balance, the use of antibiotics in the presence of infection, and avoidance of alcohol or drugs that need to be detoxified by the liver. Rest is essential because it diminishes the metabolic requirements of the liver and allows a freer portal circulation. Good nutrition, as it has been pointed out before, may promote hepatic regeneration. Lipotropics such as choline, methionine, and inositol as well as liver extract, vitamin B_{12}, and protein hydrolysates have also been advised. (The first three factors and Bromsulphalein, a diagnostic agent, are discussed in *Drug Digest*, page 46.) Disturbances in water balance are aided by salt-free, acid-ash diets, suitable diuretic drugs, and paracentesis. Morphine is usually contra-indicated in liver disease because the damaged liver may not be able to handle adequately an otherwise harmless dose of the drug.

With these general principles in mind, nurses should have a fairly clear idea of their responsibilities in the care of patients with liver disease. Besides our role in carrying out orders relating to bed rest, diets, and medications, we can help the physician and patient by meticulous charting and careful attention to the details of diagnostic tests. Of course, there are hopeless hepatic conditions, but no one on the nursing or medical team should forget that this large and complex organ, the non-expendable liver, has extraordinary powers of regeneration.

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[*Continued from page* 57]

reinsurance are Blue Cross, the American Hospital Association, and Dr. George Baehr, president of the Hospital Insurance Plan of Greater New York. Citing the gains made by voluntary prepayment plans without government intervention, a representative of the AMA testified that it is the belief of the AMA that reinsurance will inhibit rather than stimulate the progress of such plans; the AMA also fears that federal reinsurance may prove to be an opening wedge for socialized medicine. Other objections voiced by various organizations and individuals are that too much authority is conferred upon the Secretary of Health, Education, and Welfare; that reinsurance may eventually become an out and out subsidy; and that its benefits do not include the aged, chronically ill, and indigent who are not already covered by health insurance.

The CIO, the AF of L, and other groups are particularly concerned because the bills are not as comprehensive as they would wish. The AF of L, United Auto Workers, and others favor the Flanders-Ives-Javits plan which, among other provisos, calls for outright subsidy of voluntary insurance plans, and the Wolverton bill (H.R. 7700) for mortgage-loan insurance to medical group and health service cooperatives. The AF of L has recommended that H.R. 7700 and H.R. 8356 become a single bill which will provide for both federal reinsurance of prepayment plans and FHA-type insurance for medical groups' construction loans.

▶ A RAISE FOR ITS NURSES or six new hospital projects was the dilemma which confronted the New York City Board of Hospitals recently. Taking its problem to Mayor Wagner, the Board recommended that the opening of the hospitals be deferred if necessary and that the money saved by this move—nearly $7 million—be used for salary increases for nurses and technicians. After conferring with Dr. Basil MacLean, new Commissioner of Hospitals, a plan was devised whereby salaries could be raised without curtailing the expansion of the hospital system. Dr. MacLean hopes to bring starting salaries for nurses to $3,300 a year and establish pay differentials for nurses on evening and night shifts. The present starting salary for nurses in the city's hospitals is $2,930, and no pay differentials are offered.

▶ TEN LEADERS in nursing and related fields were honored by Columbia University at the final meeting of the international nursing conference, May 13. The conference was held at the University in observation of the University's bicentennial and the 100th anniversary of Florence Nightingale's work in the Crimea. Dr. Isabel Maitland Stewart, Professor Emeritus of Nursing Education at Teachers College, Columbia University, was awarded the Columbia University silver bicentennial medallion and nine other leaders in the field received bicentennial cer-

tificates in recognition of their "valuable contributions for strengthening nursing services and nursing education in a free society." They were: Col. Verena M. Zeller, chief of the United States Air Force Nurse Corps; Dr. Leona Baumgartner, Commissioner of Health of the City of New York; Ruth Hubbard, director of the Visiting Nurse Society of Philadelphia; Mrs. Lulu Wolf Hassenplug, dean of the College of Nursing at the University of California at Los Angeles; Dr. Esther Lucile Brown, Russell Sage Foundation; Mrs. Mary C. Rockefeller, Board of Managers of the Bellevue Schools of Nursing, New York City, and chairman of the Committee on Professional Services of the Defense Advisory Committee on Women in the Services; Margaret G. Arnstein, chief of the Division of Nursing Resources, Public Health Service, United States Department of Health, Education, and Welfare; Maj. Gen. Chow Mei-Yu, dean of nursing, National Defense Medical Center, Taipei, Taiwan, China, and chief nurse of the Chinese Nationalist Army; and Yvonne Hentsch, director, Nursing Bureau, League of Red Cross Societies, headquarters at Geneva, Switzerland.

▶ NEWSLINGS: An official insignia to designate a registered nurse has been adopted by the Missouri State Nurses Association. Worn on the uniform pocket, the emblem consists of a blue lamp with the letters R.N. . . Members of the ANC and the Army Medical Corps stationed in Korea are lauded by Robert Sherrod in *The Saturday Evening Post,* June 12, 1954. In "Uncle Sam's Hard-Boiled Angels," he describes their work in caring for sick and wounded Koreans and teaching Korean nurses and doctors new medical techniques.

▶ THE GOAL of the American-Korean Foundation has been set at $10 million in its campaign for funds "to help Koreans to help themselves." During May and June, Help-Korea trains traveled across country from the Atlantic to the Pacific coast picking up contributions of basic materials needed for the rebuilding of Korea. Cash donations are being solicited in fifty key cities by local campaign committees; donations may also be addressed to The American-Korean Foundation, care of the Postmaster in the city where the gift is mailed. Contributions of thread are particularly acceptable since the income of many of the Korean women is derived from sewing and embroidery in the cottage industries. Colors especially needed are chocolate brown, golden yellow, dark green, and maroon. Donations of thread may be made to local Camp Fire Girls or Girl Scouts, for both organizations are packing boxes of supplies to be forwarded to Korea. Old nylon stockings are also of value, for the yarn obtained is used by the Korean people in their textile plants. The chairman of the foundation is Gen. James A. Van Fleet. Dr. Howard A. Rusk, chairman of the Department of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, is president.

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1. EXP. MED. & SURG. 7:37, 1949.

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Candid Comments

[*Continued from page* 41]

a viewpoint which was contrary to her own. She was utterly oblivious to her inconsistency.

Respect for personalities involves many things. Pay and working conditions in keeping with the dignity and value of nursing is one of them. The most cheering news story I've seen in some time appeared in THE NEW YORK TIMES, April 29, 1954—"The Board of Hospitals [of New York City] recommended that $6,842,711 of new projects be deferred and that the money be used instead to raise salaries of nurses and other professional workers in existing facilities. It is more important to counter critical shortages and strengthen present services than to open new hospitals and related undertakings." Instead of loading more work on already heavily overloaded staffs, the money intended for brick and mortar will be used to stabilize staffs. Dare we hope that this example of common sense and efficiency will be noted not only by hospital authorities elsewhere but by nursing leaders? Isn't this one way to approach the economic security objectives—and also one way to restore good patient care?

Respect for personalities involves courtesy too. A nurse has written me three times lately asking, "Won't you please write an article on courtesy among nurses? It's only a few who offend grievously but their offenses are so gross that they should be told off." I doubt, however, if people who are habitually rude would bother to read an article on courtesy. Respect for personalities also means listening—not only hearing words but learning from them. I doubt if there is a good nurse anywhere who can't teach us something we need to know, if we want ideas other than our own, and if we are wise enough to realize that reasoning and thinking and high ideals are not the monopoly of a few.

But learning to respect others isn't a matter of formula. No one can tell us *how* to achieve this respect. If we are too deeply impressed with our own achievements and status, and the righteousness of our viewpoints, there isn't much room left in our minds for respect for people without these things, or with a different philosophy. Respect for the rights of others to be *people*, to hold and express opposing opinion, requires a certain humility on our part, a notion that we *could* be wrong.

Our attitudes toward fellow human beings can be a mixture of blind prejudice, self-interest, and ambition, or they can be a blend of intellectual processes and deep, spiritual forces. I cannot understand how reasoning people can believe that the Creator forged out layers of people that must be marked off as *different* because of color, race, position in life, or money in the bank. Students of race cultures tell us again and again that though customs and conditions of life may vary greatly, underneath, people everywhere are much the same. One of my favorite thoughts is Lincoln's

"God must have loved the common people for He made so many of them."

We nurses who have seen babies born and men die know that humans come into life and leave it stripped of all earthly trappings. We know, or should know, that what really counts is not what we *acquire* in position or pelf, but what we *are*. The most "unimportant" nurse doing her best in a remote corner is as much entitled to our respect as the award winner. I believe profoundly that we increase our own self-respect when we respect our neighbors, regardless of differences in opinions and cultures, and that we lose some of our self-respect when we hurt the self-respect of others.

"Our affairs are now soul-size," wrote Christopher Fry. So are the affairs of nursing, and they call for soul-size action. Bringing back the old loyalties that always found the extra ounce of strength, and that cheerfully took their turn at Sunday and holiday shifts, is not a matter of exhortation. True loyalty springs from free, eager spirits and high faith, not from court orders, and it travels a two-way street. In any organized group, be it family or job or associations, there must always be a director with authority. Where both authority and staff are imbued with self-respect and mutual respect, there we have in essence, the basic elements of sound human relations.

Not long ago, I spent a week on a modest farm with a family of four children and their parents. Never have I seen a more cohesive, happier, more productive family, with each member cheerfully carrying out his share of the multiple farm tasks. Each had an active part in community activities—in the school, grange, church, orchestra, and 4-H clubs. "There's no mystery about getting so much done, so pleasantly," replied Bob to my question. "Marge and I have always treated the children as equals. They respect us and our authority because we respect them and their individuality. They know we can't afford hired help. So we do everything *together*—work and play. And I wouldn't trade with any man, anywhere." It seems to me that that family will never need a technique to get the most from life.

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Johnson's Baby Lotion

Elfey

[*Continued from page* 31]

hospital routine to accommodate him. They even have the nerve to tell me how to nurse. Why I was doing this when the lot of them were in three-cornered pants."

Tradition had it that in nearly thirty years only one intern had really stood up to Miss Elfey. That had been Dr. Dwaine Laney. Dr. Laney, no doubt with reason, had had a very good opinion of himself. Even at twenty-five he was already a celebrity. Not only had he been a Rhodes scholar but he had also been an All-American football player. But these attributes had meant little to Miss Elfey. To her he was still fresh out of medical school and still wet behind the ears. It is not surprising that from the moment he arrived on 3-D the sparks began to fly. In less than a week both were in the office of the Medical Director. This long-suffering gentlemen was so adept at straddling a figurative fence, he would have made an excellent tight rope walker. So with nothing settled to anyone's satisfaction, the feuding continued through the entire month.

"I hope the doctor who follows me will have less difficulty getting his orders carried out," was Dr. Laney's parting shot.

"Since he isn't trying to revolutionize medicine, I'm certain that he will!" was Miss Elfey's reply. "When you are an older and a wiser man, Dr. Laney, you will find that there is a great deal yet that you don't know."

Miss Elfey had a little cubbyhole on 3-D where she did her desk work. If anyone wanted her he had only to tap the bell on the chart desk. Dr. Laney remembered that. When the bell was tapped, Miss Elfey came out of her cubbyhole like a white rabbit coming out of a burrow.

"Why Dr. Laney, how nice to see you again."

"Well, Miss Elfey, you, at least, haven't changed."

"Ah, but you have, doctor," said Miss Elfey, and there was a twinkle in her eye.

Dr. Laney smiled. "At any rate I've learned one thing since I saw you last. The older one gets, and the more one learns, the less one finds one knows."

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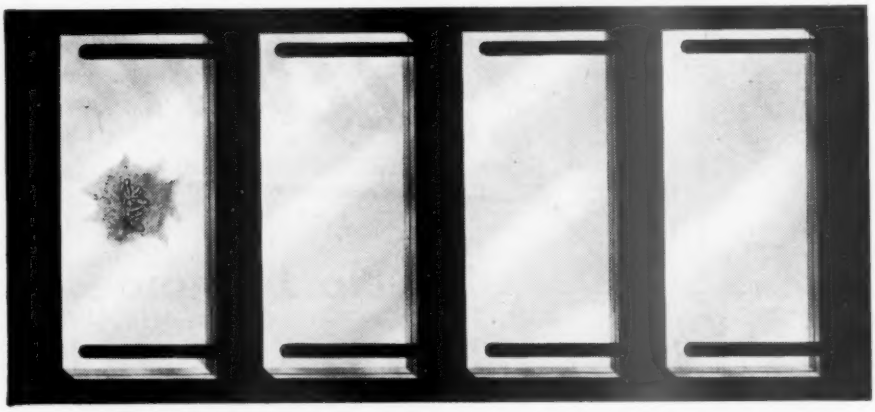

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*Council on Pharmacy and Chemistry, American Medical Association: New and Nonofficial Remedies. Philadelphia, J. B. Lippincott Company, 1953, p. 158.

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ADMINISTRATIVE NURSE (R.N.): For 30 bed aged institution. Responsibility for nursing staff and for day to day operation of home. Nurse desired with capacity to assume many administrative responsibilities. Knowledge of German or Yiddish helpful. Salary open from $3700. Apply Jewish Social Service Agency, 184 Washington Place, Passaic, N.J.

ADMINISTRATORS: (a) Small gen'l hosp., coll. town, Calif. (b) New hosp., 40 beds, resort town, 2 colleges, MW. (c) Ass't. 400 bed gen'l hosp. univ. city, med. center. RN7-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETIST: Starting salary $350 mo. Methodist Hospital, 6th St. and 7th Ave., Brooklyn, N.Y. SO8-6000, Ext. 142.

ANAESTHETISTS: A.A.N.A. member. 250 bed general hospital, salary open, automatic increases, laundry provided, 40 hr. week, no obstetrics, liberal vacation and personnel policies, Social Security. Sutter Hospital, Sacramento, Calif.

ANESTHETISTS: (a) Modern gen'l hosp., fairly lge., excel. staff, interesting city outside US. (b) Two. 350 bed hosp., med. anes. in charge, univ. city near NYC. (c) New 100 bed hosp., no ob. anes. Coll. town near lge. city, med. center. $6000, mtce. (d) By oral surg., Calif. (e) New 250 bed gen'l hosp. suburb, large city, med. center, MW. $6000-$7200. (f) Ass'n, 10 man group, univ. city, SW. (g) New hosp, Alaska. RN7-2 Burneice Larson Medical Bureau, Palmolive Building, Chicago, Ill.

ASS'T DIRECTOR OF NURSING EDUCATION: Full accredited school of nursing separated from nursing service, located in an industrial city in Midwest. 150 students. 500 bed hospital. Affiliated with nearby university. Good personnel policies. Master's Degree preferred. Teaching experience in a school of nursing required. Salary dependent upon qualifications and experience. Living accommodations available. Write Director, The City Hospital of Akron School of Nursing, 41 Arch St., Akron 4, Ohio

ASS'T SUPERINTENDENT: Knowledge of O.R. essential. Small hospital in Central New York. Salary according to qualifications. Position open August 1st. Inquiries confidential. Write Supt. of Lenox Memorial Hospital, Canastota, N.Y.

CLINICAL INSTRUCTOR: In Obstetrics. 332 bed hospital located in an attractive residential section. Student body of 160. Degree in Nursing Education and some teaching experience preferred. Salary range for 40 hr. week, $320-$430. Beginning salary commensurate with experience and preparation. Liberal personnel policies. Living accommodations available. Apply to Director of Nursing, The Toledo Hospital, Toledo 6, Ohio

CLINICAL INSTRUCTOR: In Obstetric Nursing. Fully accredited school of nursing located in an industrial city in Midwest. 500 bed hospital, 150 students. Affiliated with university. Good personnel policies. Bachelor of Science Degree required as minimum. Salary dependent upon qualifications and experience. Apply Director, The City Hospital of Akron School of Nursing, 41 Arch St., Akron 4, Ohio

CLINICAL INSTRUCTOR, MEDICAL & SURGICAL: 40 hr. wk. Salary commensurate with experience and preparation. Liberal personnel policy. Approved School of Nursing, 30 mins. from New York City. Apply Director of Nurses, Clara Maass Memorial Hospital, 16 12th Ave., Newark 3, N.J.

CLINICAL INSTRUCTORS: In Medical and Surgical Nursing. Fully accredited school of nursing located in an industrial city in the Midwest. 500 bed hospital, 150 students, affiliated with university. Good personnel policies. Bachelor of Science Degree required as minimum. Salary dependent upon qualifications and experience. Apply Director, The City Hospital of Akron School of Nursing, 41 Arch St., Akron 4, Ohio

COLLEGE, INDUSTRIAL, OFFICE: School for girls, beautiful campus overlooking Pac. Ocean. (b) Office nurse by prominent M.D., univ. city, Ohio. (c) Industrial, small plant, suburb, lge. city, MW. (d) Neurological nurse, office neurosurg., univ. city, MW. (e) College, lge. city med. center, So. RN7-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

DIRECTORS OF NURSING: (a) Collegiate school, 3 yr. diploma, 4 yr. degree, med. center, So. (b) Vol. gen'l hosp. 500 beds, coll.

affil., 200 students, univ. center, MW. (c) New hosp. gen'l 200 beds, res. town, N.J., near NYC. (d) Ass't, fairly lge. hosp. outside US. (e) Nursing Service, ortho. hosp., 90 beds, fine set-up, univ. city. (f) Nursing service, one of leading hospitals in Conn. (g) Lge. gen'l hosp. suburban town, MW. $6000-$7200. (h) Small psy. hosp. affil school, lge. city outside U.S. RN7-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

FACULTY POSTS: (a) Ed. dir central school, coll. affil., univ. city, min. $6300. (b) Ed. dir., fairly new hosp., 100 students, coll. affil., resort city, Fla. (c) Instr. in health, duties: supervising health, counseling, teaching. 350 bed hosp., coll. town, E. (d) Nursing arts & clin. in OR & OB. New hosp. 300 beds, Pac. Coast. Min. $450. (e) Sr. nursing arts instructor, leading New Eng. hosp., 150 students, $5000. (f) Science, 130 students, univ. city, Pac. Coast. (g) Ed. directors & instructors, foreign posts. RN7-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL DUTY NURSES: All shifts for three year old 50 bed hospital in residential suburb of Chicago. Near Great Lakes and Fort Sheridan if your husband is in the service. Bonus for relief, night call and supervisory duty. Paid overtime, excellent personnel policies. Apply Director of Nurses, Highwood Hospital, Highwood, Ill.

GENERAL DUTY NURSES: For 120 bed hospital, southern Wyoming community of 12,000. Liberal personnel policies. 40 hr. week. Starting salary $237.50 with a charge of $22.50 for full maintenance. Surgical nurses, starting salary $247.50, additional $10 per mo. for evening and night duty, regular increases. Nurses' Home recently redecorated and refurnished. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: For beautiful crippled children's hospital located in heart of historic west. Salary starts at $205 per mo. with complete maintenance, 15 days vacation, 15 days sick leave, 5 day work week. Climate is warm and dry. Hospital has indoor and outdoor pools available to personnel. Contact director of nurses, Carrie Tingley Hospital for Crippled Children, Truth-or-Consequences, N.M.

GENERAL DUTY STAFF NURSES: For 165 bed hospital in residential suburb of Chicago. 40 hr. duty after 9/1/53. Cash salary $215 for day duty, $225 for evening duty and $230 for night duty. Full maintenance in addition to salary includes single room in new nurses' residence plus meals and laundry, which is equivalent to $335 per mo. Low rental apartments for married nurses, and $25 additional salary rate for nurses living in their own homes. $10 increase after 60 days and at regular intervals. Two to four weeks vacation, 6 holidays, sick time policy, free life insurance, Blue Cross hospitalization available. Leave of absence with full salary for post-graduate experience. Write Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

[Turn the page]

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GENERAL STAFF NURSES: Medicine, surgery, obstetrics, nursery. Beginning salary $240 to $290 in 6 increments. 340 bed general hospital near two universities, 20 mins. from New York City. Excellent personnel policies, 40 hr. week, overtime pay, 3 weeks vacation, 4 weeks after 3 years, sick leave cumulative to 60 days. Instaff educational program, Social Security, Blue Cross available, 8 paid holidays, pleasant working conditions, advanced preparation encouraged. Apply Director of Nursing Service, Presbyterian Hospital, Newark 7, N.J.

GENERAL STAFF NURSES: 250 bed general hospital and 72 bed maternity hospital. Starting salary $280, $5 per month tenure increase for each 6 months of service to a maximum of $310. Social Security, sick leave, prepaid medical and hospital care. $10 additional for afternoon and night shift, $10 additional for delivery room, $20 additional for surgery. Up to 3 weeks vacation at end of 4 years. 7 paid holidays, 8 hr. day, 40 hr. week. Apply to Director of Nurses, Sutter Hospital, Sacramento, Calif.

GRADUATE NURSES: Two, who either have or are willing to obtain Colorado registry. Floor duty, rotating shifts, starting salary $250 per mo. 44 hr. wk., laundry furnished, under Social Security, 2 wks. pd. vacation per year. High in the new Uranium Country. Southwest Memorial Hospital, Cortez, Colo.

GRADUATE NURSES: Two, with institutional psychiatric experience for general and supervisory duties, eligible Nevada License. Address Superintendent, Nevada State Hospital, Reno, Nev.

HEAD NURSE: Delivery Room. 332 bed general hospital with School of Nursing. Degree and experience desired. 40 hr. wk., liberal personnel policies, living accommodations available, salary commensurate with qualifications. Position available immediately. Apply Director of Nursing, The Toledo Hospital, Toledo 6, Ohio.

INSTRUCTOR FOR PRACTICAL NURSE SCHOOL: Small classes, average 15. Program approved by State. Minimum requirements: B.S. in Nursing Education, teaching experience not necessary but desirable. Salary open, good personnel policies. Apply Director of Nursing, Chambersburg Hospital, Chambersburg, Pa.

INSTRUCTOR IN TUBERCULOSIS NURSING: Position open now. 90 bed Tuberculosis Hospital. Affiliate classes in tuberculosis nursing from all accredited schools in Idaho. Experience desirable. Liberal personnel policies. Salary range $300-$375. Beginning salary dependent upon experience. Very low cost maintenance in attractive, modern dormitory. Idaho State Tuberculosis Hospital, Gooding, Ida.

INSTRUMENT NURSES: Operating room, delivery room. 340 bed general hospital, all modern conveniences, near two universities, 20 minutes New York City. Beginning salary, without experience or advanced preparation, $240, with $250, 40 hr. wk., overtime pay, increments every 6 mos. for 5 yrs., 3 wks. vacation after first year, 4 wks. after third, rotating services, sick leave cumulative to 60 days, instaff educational program, 8 paid holidays, Social Security, Blue Cross available. Apply Director of Nursing Service, Presbyterian Hospital, Newark 7, N.J.

MEDICAL-SURGICAL CLINICAL INSTRUCTOR: Salary commensurate with preparation and experience. 40 hr. week, vacation and sick leave. Apply Director of Nurses, Mount Sinai Hospital, Milwaukee, Wis.

NURSE ANESTHETIST: 300 bed hospital near Pittsburgh. Average 40 hrs. per week. Starting salary excellent with yearly increase. Fine working conditions. Write details of training and experience to Administrator, Butler County Memorial Hospital, Butler, Pa.

NURSE ANESTHETIST: For approved 160 bed pediatric hospital. 40 hr. week, liberal vacation policy and other benefits. Salary open. Anesthesiologist in charge. Apply Administrator, Milwaukee Children's Hospital, 721 N. 17 St., Milwaukee 3, Wis.

NURSE ANESTHETISTS: Two, to increase staff. Working conditions excellent. Apply Chief, Anesthesia Dept., Mercer Hospital, Trenton, N.J.

NURSES: An unusual opportunity for employment in a leading university hospital has been created by completion of building program and enlargement of staff. 280 bed hospital. Compensation commensurate with experience and certification. Increased compensation for call and longevity. For information write Thomas K. Burnap, M.D., Peter Bent Brigham Hospital, 721 Huntington Ave., Boston 15, Mass.

NURSES: Educational Director, Nursing Arts Instructor and Assistant Director of Nursing Service. Positions available at Sibley Memorial Hospital, 1150 North Capitol St., Washington 2, D.C. Please contact Director of Nursing for further information.

NURSES: General duty nurses $250-$305. 165 bed approved general hospital. 2 and 3 week paid vacation. 12 days paid sick leave. 8 paid holidays per year. Board and room at nominal cost in new, modern nurses home attached to hospital. Apply W. C. Nichols, Manager, Memorial Hospital, Cheyenne, Wyo.

NURSES: Staff and O.R. 5 days, 40 hr. wk. Initial salary $275. Additional for evening and O.R. calls. Increments every 6 mos. for

period of 3 years. Advancement possible. Arizona registration required. Apply superintendent of Nurses, Yuma County General Hospital, Yuma, Ariz.

NURSES: General hospital, 236 beds, new building, modern equipment. 30 miles from New York City. Liberal personnel policies. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

NURSES: General Duty, for 30 bed hospital 35 miles from New York. Excellent salary. Apply Administrator, Tuxedo Memorial Hospital, Tuxedo Park, N.Y.

NURSING ARTS INSTRUCTOR: Has three assistants. Fully accredited school of nursing located in an Industrial city in the Midwest. 150 students, 500 bed hospital, affiliated with a university. Good personnel policies. Bachelor of Science Degree required as minimum. Salary dependent upon qualifications and experience. Living accommodations available. Apply Director, The City Hospital of Akron School of Nursing, 41 Arch St., Akron 4, Ohio

OBSTETRIC SUPERVISOR: For unit in 193 bed non-sectarian hospital. 32 adult beds and 32 bassinets. Administrative and teaching responsibilities. Bachelor's Degree preferred. Salary commensurate with preparation and experience. Liberal personnel policies. Apply to Director of Nurses, Mercy Hospital, Benton Harbor, Mich.

OBSTETRICAL SUPERVISOR: 225 bed general hospital, nationally accredited school, 75 students. Degree required or special preparation for teaching obstetrics. 40 hr. week and employee benefits. Apply Director of Nursing, Santa Barbara Cottage Hospital, Santa Barbara, Calif.

OPERATING ROOM NURSES: 300 bed hospital, 40 hr. week, all cash salary. Special consideration for experience and advanced preparation. Bonus for "on call". Liberal personnel policies, including Social Security, plus a retirement plan. Apply Director of Nursing, Mercer Hospital, Trenton 8, N.J.

OPERATING ROOM NURSES & STAFF NURSES: 150 bed general hospital. Salary $280 per mo. 40 hr. week, $10 differential afternoon, night and surgery duty. Annual vacation and raises, 7 paid holidays, sick leave and free hospitalization and insurance. Apply Director of Nurses, Mercy Hospital, 4001 J. St., Sacramento, Calif.

OPERATING ROOM SUPERVISOR: 250 bed hospital with a School of Nursing. Salary open. Supervisory experience and post-graduate work required. Apply Director of Nursing Service, Mound Park Hospital, St. Petersburg, Fla.

OPERATING ROOM SUTURE NURSES: For new, modern, 144 bed hospital located at the gateway to Michigan's summer and winter resort areas. Air-conditioned operating suite of five fully equipped rooms. Salary $340 per mo. for 40 hr. week plus 48 hr. weekly call duty. $10 monthly increments every 6 mos. to maximum of $380. "Time called in" averages 6 hrs. per week. Excellent personnel policies. Accommodations available in the immediate vicinity. Appiy Personnel Director, St. Luke's Hospital, Saginaw, Mich.

PROFESSIONAL REGISTERED NURSES: Supervising Nurse, $306.50 per mo., Professional Nurses, $291 per mo. Full maintenance, private room, new nurses' residence. 40 hr. week, sick leave, annual vacations, legal holidays. Operating room and staff positions open in 600 bed Tuberculosis Hospital. Excellent opportunity for experience in thoracic surgery. Staff positions in 2250 bed geriatric hospital. Hospitals located 22 miles from Chicago. Write or contact Administrator of Nurses, Oak Forest Institution, Oak Forest, Ill.

PSYCHIATRIC STAFF NURSE: For a private psychoanalytically oriented hospital. Increasing staff to prepare for increase in bed capacity to 113. Psychiatric experience preferred, in-service program. 18 working days vacation, 15 working days sick leave, evening and night differential. Social Security, beginning salary $300. Apply to Mr. Basil Cole, Personnel Director, The Menninger Foundation, Topeka, Kans.

PUBLIC HEALTH: (a) Foreign assignments, degree, exp. req. (b) Dir. nursing service school health dept., E. RN7-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

REGISTERED NURSE: For general duty in small modern hospital. Salary $300 per mo. plus full maintenance, 5 day 40 hr. week, advancing wage scale and vacation with pay. Carson City Hospital, Carson City, Mich.

REGISTERED NURSES: In progressive 250 bed fully approved hospital located in beautiful, exciting western city with ideal climate, mild winters. 5 day week, 40 hrs., starting salary $265 with automatic increase every 6 mos., of $100 per year, or $8.33 per mo. up to three years. $10 per mo. differential paid to those working afternoon and night shifts. Minimum wage scale for surgery nurses is $275. Write Superintendent of Nurses, Washoe Medical Center, Reno, Nev.

REGISTERED NURSES: Staff duty, 35 bed general hospital, top salary, 40 hr. week, vacation, sick leave, Social Security. Excellent food and living accommodations. Apply Supt., Doctors Hospital, 65 Avon Ave., Newark, N.J.

REGISTERED NURSES: Modern 43 bed hospital, general duty and supervisors. Good salaries with full maintenance. Apply Isabella N. Williams, Administrator, Suwannee County Hospital, Live Oak, Fla.

REGISTERED NURSES: 94 bed Physical Medicine and Rehabilitation Hospital, fully approved by American College of Surgeons, accepting patients with neuromuscular disabilities needs registered nurses. Begin at $220 monthly, regular increases to $250 monthly. Complete maintenance provided in air-conditioned nurses quarters. Completely air-conditioned hospital is well located in relation to Austin, San Antonio and Gulf Coast. Delightful warm and dry winters. Contact Director of Nursing. Gonzales Warm Springs Foundation, Gonzales, Tex.

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REGISTERED NURSES: For new modern 144 bed hospital located at the gateway to Michigan's summer and winter resort areas. Staff and supervisory positions open on all shifts. Salary $260 to $280 plus $10 monthly differential for P.M. and night duty. Excellent personnel policies. Accommodations available in the immediate vicinity. Apply Personnel Director, St. Luke's Hospital, Saginaw, Mich.

REGISTERED NURSES: For 165 bed hospital in residential suburb of Chicago. 40 hr. wk. Cash salary $230 for night duty, $225 evening duty and $215 day duty. $10 increase after 60 days and at regular intervals. Full maintenance in addition to salary includes single room in new nurses residence, plus meals and laundry. Low rental apartments for married nurses. Two to four weeks vacation, 6 holidays, sick time policy, free life insurance. Blue Cross Hospitalization. Leave of absence with full salary for post-graduate study granted to qualified nurses. Write Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

REG. NURSES, GENERAL DUTY: 47 bed hospital in the Heart of the White Mountains. Apply Supervisor of Nurses, Mrs. A. Miller, Littleton Hospital, Littleton, N.H.

REGISTERED NURSES, GENERAL DUTY: New 52 bed hospital. Starting salary $220 per mo., 2 wks, vacation with pay, sick leave. Apply Administrator, Franklin Memorial Hospital, Rocky Mount, Va.

REGISTERED PROFESSIONAL NURSES: For supervisory, educational and general staff positions. Liberal personnel policies. 40 hr. week. Differential salary for evening, nights and operating room. Social Security. Christ Hospital, 76 Palisade Ave., Jersey City, N.J.

STAFF NURSES: All services. 125 bed general hospital. No school. Organized medical staff. Apply to Director of Nursing, Archbold Memorial Hospital, Thomasville, Ga.

STAFF NURSES: New staff nurse positions in July and August. Must have California license or temporary permit. Registered nurses with no experience, $295-$341 month. One year graduate study or psychiatric experience will qualify for $310-$358. Salary increase after six months. Promotional opportunities, liberal vacation and retirement privileges. Write State Personnel Board, 1015 L Street, Sacramento 14, Calif.

STAFF NURSES: 250 bed hospital. Beginning salary for days $227.50 per mo. $21 differential for evening duty, $10 for night. Low Cost living accommodations available. Apply Director of Nursing Service, Mound Park Hospital, St. Petersburg, Fla.

STAFF NURSES: Wide clinical experience. 40 hr. week. Starting salary $280 mo. Please write for further details to Department of Nursing, University Hospital, Ann Arbor, Mich.

STAFF NURSES: Registered or eligible for registration in New York State. Starting salary $250 a month. Increase of $120 a year

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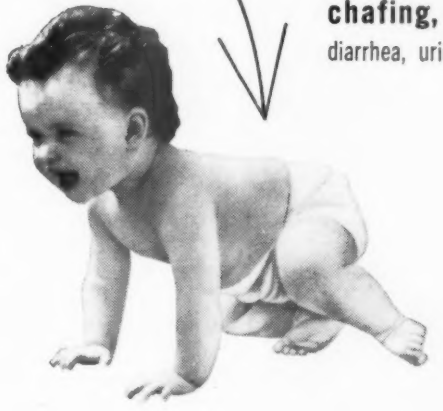

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1. Grayzel, H. G., Heimer, C. B., and Grayzel, R. W.: New York St. J. M. 53:2233, 1953.
2. Heimer, C. B., Grayzel, H. G., and Kramer, B.: Archives of Pediatrics 68:382, 1951.
3. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Ind. Med. & Surgergy. 18:512, 1949.
4. Turell, R.: New York St. J. M. 50:2282, 1950.

for two years. A bonus of $10 per month is given for operating room duty and night duty, $20 for 3-11 shift. Insurance, Social Security, 7 holidays, 4 weeks vacation after one year, 40 hr. week, laundry, sick time, living accommodations available at $22.50 for a double room, $30 for a single room, meals available at 33 1/3c per meal. Apply to Superintendent of Nurses, 218 Second Ave., New York, N.Y.

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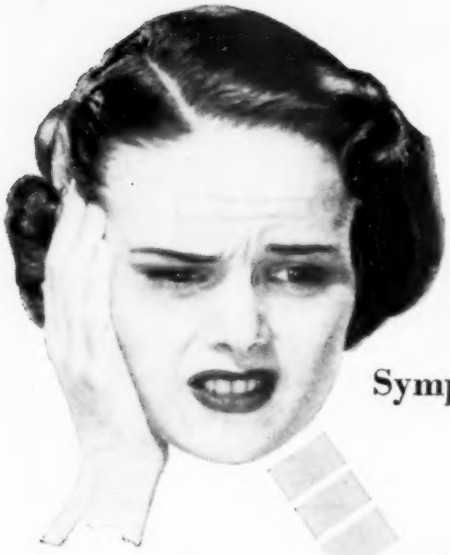

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